

# **NURSERY APPLICATION – 30 HOURS**

# In order to be considered in the initial allocation of nursery places this form should be returned to Highfield South Farnham School as soon as possible.

- Please note that completing this form does not guarantee a place.
- Governors will consider applications received by the deadline date in accordance with the nursery class admission policy.
- Please read the nursery's terms and conditions policy before completing this form.
- Please sign the terms and conditions form and attach/email with this form.
- Please fill in the form in block capitals and then sign it.
- You will be notified by the school if your child has been allocated a place.
- Please contact the school if you have any questions concerning completion of this form.

#### 1. Child's Details

Child's Last Name:		
Child's First & Middle Name:		
Child's Date of Birth:	 Gender:	Male / Female
Child's Home Address: (this must be the child's normal place of residence and not a relative's or carer's address)	Po	stcode:
30hr Eligibility Reference Code		

#### 2. <u>Preference details:</u>

Please indicate under which criterion you are applying for a nursery school place:

#### 1. Looked After and Previously Looked After Children

(if the child is in public care of a Local Authority or has previously been in care, please state which Local Authority and provide evidence with your form):

#### 2. Where there is a social or medical need for a place at the nursery school

(E.g. does your child have any special educational needs, special social needs or a disability? Are they supported by Social Services, a Speech Therapist, Educational Psychologist, Portage or Child and Family Guidance? An application will not be considered under this criterion unless independent evidence is provided. As such, please provide further details together with any relevant documentation)

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3. Where a child is expected to have a sibling attending the nursery or the main school at the time of admission

Please provide the name(s) and date(s) of birth of sibling(s) below:

.....

Parents'/Guardians'	/Carers' Details	
		1
Title:	Mr / Mrs / Miss / Ms /	Mr / Mrs / Miss / Ms /
Last Name:		
First Name:		
Relationship to Child:	Mother / Father / Step Parent / Foster Parent / Social Worker / Other family member / Other Contact*/ Other Relative* *Please provide details	Mother / Father / Step Parent / Foster Parent / Social Worker / Other family member / Other Contact* / Other Relative* *Please provide details
Occupation:		
Address: (if different from that of the child given overleaf)	Postcode:	Postcode:
Daytime telephone number:		
Mobile telephone number:		
Email address:		

Name and ages of all brothers and sisters (if any), including stepbrothers and sisters living in the same family unit.	Name: 1	Age:
	2	

Please state if sibling will be attending this school at the date of admission for the applicant.	If yes, current name and class Name: Class:								
	1								
	2								
	3								
Is there any additional information you would like to share?									
The nursery operates sessions									
throughout the week. Our core hours run from 9am-3pm									
Monday to Friday. We then	Mon BC		Tues BC		Wed BC		Thurs BC	Fri	
offer additional breakfast (7:45-9:00) -BC and afterschool	Mon		Tues		Wed		Thurs	BC Fri	
club - ASC (3:00pm-6:00pm).	ASC		ASC		ASC		ASC	AS	
If your child attends a full day			ı <u> </u>		I		I	I	<u>I</u>
they will stay for lunch. We offer school dinners at a		hool nner	Pack						
charge of £2.30 or alternatively		IIIEI	Lunc	<u>, 11</u>					
your child can bring a packed									
lunch. Please tick the									
appropriate box									
When is my child entitled to Nursery funding? Your child is entitled to 30hrs funding from the term after									
their third birthday. Extended hours		-		-		e charg	ed accord	ding to our	r Nursery
tariff. Please complete an addition	form to a	apply for	or extra	hours	S.				

### 4. Parent/Carer Declaration and signature of Parent/Carer:

I wish to apply for a place at...... and I have indicated the criterion under which I am applying for that place. I certify that I am the person with parental responsibility for the child named in Section 1 and that the information given is true to the best of my knowledge and belief. I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may lead to the withdrawal of an offer of a nursery school place for my child. I understand that the school reserves the right to amend its provision of nursery.

Highfield South Farnham School is compliant with the General Data Protection Regulation which means we seek your specific consent to use the data we are collecting within this Admissions Form for the purposes as detailed within the Privacy Policy on the School website. We request that you sign this form to confirm that you are giving us your specific consent for the use of this data for the specific purposes outlined.

	Signature of Parent/carer:		Date:
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Please email your application form with a signed copy of the terms and conditions to <u>nursery.highfield@sfet.org.uk</u>