

NURSERY APPLICATION – 18 HOURS

To be considered in the initial allocation of nursery place, 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 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) | | _ | |
| | | Pos | stcode: |
| 1. Looked After and F (if the child is in public Local Authority and pro | reriterion you are applying for a nurse Previously Looked After Children care of a Local Authority or has provide evidence with your form): | eviously bee | en in care, please state which |
| (E.g. does your child ha they supported by Socia and Family Guidance? | ocial or medical need for a place at ve any special educational needs, sp al Services, a Speech Therapist, Edu An application will not be considered as such, please provide further details | ecial social r cational Psy under this c | needs or a disability? Are chologist, Portage or Child criterion unless independent |
| | | | |
| | | | |

| Parents'/Guardians'/ | Carers' Det | tails | | | | |
|---|---|--|--|--|--|--|
| Title: | Mr / Mrs / Miss / Ms / | | Mr / Mrs / Miss / Ms / | | | |
| Last Name: | | | | | | |
| First Name: | | | | | | |
| Relationship to Child: | Parent / S member / Relative* *Please pr | ather / Step Parent / Foster ocial Worker / Other family Other Contact*/ Other ovide 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. | | | Age: | | | |
| | | 3 | | | | |

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

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

time of admission

| 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: | | | | | | | | |
|---|--|--------------|-------------|--|------------|-------|--------------|------------|--|
| | | | | | | | | | |
| 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 AM | | Tues AM | | Wed AM | | Thurs AM | Fri AM | |
| offer additional breakfast (7:45-9:00) and afterschool club (3:00pm-6:00pm). We | Mon PM | | Tues PM | | Wed PM | | Thurs PM | Fri PM | |
| operate with an 18 hour minimal week, (at least 6 | Mon BC | | Tues BC | | Wed BC | | Thurs BC | Fri BC | |
| boxes need to be ticked). | Mon ASC | | Tues ASC | | Wed ASC | | Thurs ASC | Fri ASC | |
| If your child attends a full day they will stay for lunch. We offer school dinners at a charge of £2.70 or alternatively your child can bring a packed lunch. Please tick the appropriate box | I I | nool iner | Pack Lun | | | | | | |
| When is my child entitled to Nursery funding? All children are entitled to 15hrs funding from the term after their third birthday. Extended hours are subject to availability and will be charged according to our Nursery tariff. Please complete an addition form to apply for extra hours. | | | | | | | | | |
| 4. Parent/Carer Declaration and signature of Parent/Carer: I wish to apply for a place at | | | | | | | | | |
| 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: | | | |

Please email your application form with a signed copy of the terms and conditions to nursery.highfield@sfet.org.uk