LOW ASH PRIMARY SCHOOL



It is important that you complete this form fully, answering all questions and return to the school office with evidence of your address – i.e. council tax/utility bill/bank statement

Child Details			
Forename:	Surname:		
Date of birth:	*Male/*Female *please circle		
Address:			
Post Code:			
Disease list halow any siding a local state ding law Ask museum (ask ask			
Please list below any siblings already attending Low Ash nursery/school:			
If the child attends pre-school please state here which one:			
Is the child a Looked After Child by the Local Authority? Yes/No If yes, please attach evidence/details			
Is the child adopted?	Yes/No	If yes, please attach evidence/details	
Does your child have a Statement of Special Needs or Education, Health and Care Plan (EHCP)? Yes/No If YES please attach evidence/details It is very important that we know of any physical or health problems that your child may have. Please state: You may wish to provide more details on a separate sheet.			
PLEASE TICK YOUR PREFERRED SESSION CHOICE			
Full time (for working parents)			
8:30am until 3:30pm			
You, and any partner, must each expect to earn equal to 16 hours at the National Minimum or Living			
Wage). To see if you qualify, please check the website: https://www.gov.uk/apply-30-hours-free-childcare			
5 mornings			
8:30am until 11:30am			
5 afternoons			
12:30pm until 3:30pm			
SESSION CHOICE CANNOT BE GUARANTEED Please note that the offer of a place at a nursery attached to a primary school does not guarantee the child a place in the Reception class at the same school. A new application will be required in accordance with the criteria for admission to Reception classes. A copy of the nursery admission policy is available on request.			
Details of Parent/Carer at the above home address			
Relationship to child: *Mother/*Father/*Carer *ple	ease circle	Telephone numbers: Home:	
First Name:		Mobile:	

Surname:

Signature of parent/carer:

PROCESSED IN COMPLIANCE WITH The Data Protection Act.

AN OFFER OF A PLACE IN OUR NURS	SERY WILL BE BY EMAIL
PLEASE ENSURE YOU HAVE PROVIDED AN EM	AIL ADDRESS IN THE BOX ABOVE

THE INFORMATION ON THIS FORM WILL BE USED ONLY FOR THE PURPOSES OF ALLOCATING NURSERY PLACES. THE DATA WILL BE

Email:

Date: