



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: | |
| 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

| | |
|--|--|
| <p>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</p> | |
| <p>5 mornings 8:30am until 11:30am</p> | |
| <p>5 afternoons 12:30pm until 3:30pm</p> | |

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

| | |
|---|--|
| <p>Relationship to child: *Mother/*Father/*Carer *please circle</p> <p>First Name:</p> <p>Surname:</p> | <p>Telephone numbers:</p> <p>Home:</p> <p>Mobile:</p> <p>Email:</p> |
| Signature of parent/carers: | Date: |

THE INFORMATION ON THIS FORM WILL BE USED ONLY FOR THE PURPOSES OF ALLOCATING NURSERY PLACES. THE DATA WILL BE PROCESSED IN COMPLIANCE WITH **The Data Protection Act**.

**YOU WILL BE NOTIFIED BY EMAIL WHETHER YOUR CHILD HAS BEEN OFFERED A PLACE OR NOT
 PLEASE ENSURE YOU HAVE PROVIDED AN EMAIL ADDRESS IN THE BOX ABOVE**