

**NURSERY APPLICATION FORM  
ACADEMIC YEAR 2024 - 2025**



Please take the completed application with the following documentation to the School Office

Proof of your home address  Proof of your child's date of birth

**NOTES**

- Admission to a particular primary school is not determined by attendance at a particular nursery.
- The Local Authority (LA) works closely with nurseries to ensure that information received is correct. Any parent giving incorrect information may have their offer of a place withdrawn.

<p><b>1. YOUR CHILD</b></p> <p>Family Name: ..... First Name(s):.....</p> <p>Home Address: .....</p> <p>..... Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Nationality ..... Male: <input type="checkbox"/> Female: <input type="checkbox"/> Date of Birth: .....</p> <p>Is the child Looked After (i.e in the care of a local authority/fostered)? ..... YES/NO</p> <p>Are you eligible for maximum Working Families' Tax Credit or in receipt of unemployment benefit or income support? ..... YES/NO</p> <p>Does your child have any of the following:</p> <ul style="list-style-type: none"> <li>• Special Educational Needs (as identified by a relevant education professional)? ..... YES/NO</li> <li>• A severe and long-term medical need?..... YES/NO</li> </ul> <p>If you have answered yes to either of the above, you <b>must</b> provide further information on the back of this form or on a separate sheet, together with copies of all relevant supporting documentation. You should also provide contact details of the relevant professional(s), e.g. your child's medical consultant or paediatrician, whom we will contact for additional information.</p>									
<p><b>2. SIBLINGS</b> - If there are other children living in the home, please complete this section.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; padding: 5px;">NAME</th> <th style="width: 40%; padding: 5px;">DATE OF BIRTH</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">None</td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> </tbody> </table>		NAME	DATE OF BIRTH	None	.....	.....	.....	.....	.....
NAME	DATE OF BIRTH								
None	.....								
.....	.....								
.....	.....								
<p><b>3. ADMISSIONS APPLICATIONS FROM OUTSIDE THE UK</b></p> <p>Date of arrival in the UK: .....</p> <p>Length of stay In the UK: .....</p> <p>Reason for being in the UK: .....</p> <p>.....</p> <p>You will need to provide confirmation that the child is yours and that he or she is entitled to education in this country. Please attach a photocopy of your child's passport.</p>									

**4. YOUR DETAILS**

Title: Mr/Mrs/Miss/Ms/Dr First Name ..... Surname: .....  
Signature: ..... Date of Birth .....  
National Insurance Number: .....  
National Assylum Seekers Reference:  
Relationship to child: .....  
Address (if different from section 1): .....  
..... Postcode: .....  
Home Telephone No ..... Other Contact/Mobile No .....  
Email .....  
Other Adult(s) with Parental Responsibility for the child. (Having parental responsibility for the child, means assuming all the rights, duties, powers, responsibility and authority that a parent of a child has by law).

**(All adults with parental responsibility should sign this form, where possible.)**

Title: Mr/Mrs/Miss/Ms/Dr First Name: ..... Surname:.....  
Signature: ..... Date of Birth .....  
National Insurance Number .....  
National Assylum Seekers Reference  
Relationship to child: .....  
Address (if different from above): .....  
..... Postcode: .....  
Email .....

I understand that my information will be shared with Cambridgeshire County Council and will be held by them in accordance with the Data Protection Act 1998 and will be shared with other bodies administering public funds to determine the support available, to verify my initial and ongoing entitlement to Early Years Pupil Premium and other Education Welfare Benefits and for the prevention and detection of fraud in connection with this claim. I give permission for the Cambridgeshire County Council Education Welfare Benefit Service to make periodic checks using the secure benefit checking system to confirm my entitlement to education benefits. For information on how the Local Authority handles personal data please see a copy of the Privacy Notice [http://www.cambridgeshire.gov.uk/info/20044/data\\_protection\\_and\\_foi/148/information\\_and\\_data\\_sharing/5](http://www.cambridgeshire.gov.uk/info/20044/data_protection_and_foi/148/information_and_data_sharing/5)

**5. YOUR PREFERENCE**

I wish to apply for ..... hours per week at this nursery  
I am also submitting an application form to ..... Nursery to request ..... hours per week at this nursery.

If you have any queries regarding how this information will be used, please contact the Education Welfare Benefits Team, Box Oct 1222, 2<sup>nd</sup> Floor Octagon, Shire Hall, Cambridge CB3