

CHARLETON NURSERY APPLICATION FORM

3/4 YEAR OLD

Documents to be accompanied with the completed application form.

☐ Enclosed/sight of an original utility bill received within the last two months as proof of address

☐ Enclosed/sight of proof of Date of Birth

Enclosed supporting evidence, if applicable (e.g. a letter from the family doctor/hospital consultant in

Preferred start term and year	
support of any medical or social priority request)	

Surname	
Forename(s)	
Date of Birth	
Gender	Male / Female

CHILD'S PERSONAL DETAILS

CONTACT DETAILS

Title	Mr / Mrs / Miss / Ms / Other
Forename	
Surname	
Relationship to child	
Do you have parental responsibility?	Yes / No
Address	
Postcode	
Are you registered for Council Tax at this address? Yes / No	
Telephone numbers	
Home	

Mobile	
Email	

ADDITIONAL INFORMATION

Is there a sibling on roll in this nursery or at this academy?	Yes / No <i>Name of sibling(s):</i>
Is there an exceptional social or medical need for a place at this nursery?	Yes / No
<i>If yes, give details below. It is YOUR responsibility to provide evidence from a relevant professional in support of this):</i>	
Does your child have an Education, Health and Care Plan?	Yes / No
Is your child in Local Authority care or adopted after being in care or became subject to an adoption, residence, or special guardianship order?	Yes / No <i>If yes, please give contact details for the Local Authority:</i>
Is there a court order in relation to this child?	Yes / No
Is anyone who has parental responsibility for your child a UK Service Personnel?	Yes / No
Is your child attending any playgroup or pre-school?	Yes / No <i>My child attends:</i>

SESSION PREFERENCES

	Session 8.30am–9am ½ hour	Morning Session 9am-12.00am 3 hours	Lunch 12 – 1pm 1 hour	Afternoon Session 12.00-3pm 3 hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

YOUR DECLARATION AND SIGNATURE

1. I understand that I am required to evidence proof of birthdate and evidence of address.

2. Application and attendance at the nursery does not guarantee a place in the reception class. An application must be made separately
3. I confirm that the details I have provided are accurate.
4. I agree to tell the academy if there are any changes to the details that I have provided in this form.
5. I understand that if there are no places available for my child his/her name will be entered onto a waiting list.
6. I will return this form to Charleton C of E Academy, email charleton@lapsw.org

I understand and agree to the conditions set out in this document and I agree to the provider claiming free entitlement funding as agreed on behalf of my child. I also agree that the information provided can be shared with the local authority and Department for Education. I understand that if I have given false information on this form I may be asked to reimburse the provider.

Parent/Carer/Guardian with legal responsibility		
If entitled to 30 hours funding please complete the following information:	11 digit ref number (DERN)	Parent NI number(s)
If entitled to Tax-Free Childcare please complete the following:	Unique Reference number	
Signed		
Print name		
Date		

I, being a parent/guardian/person with parental responsibility for the child named understand that the school collects and uses certain types of personal information about pupils. The school is required by law to comply with statutory obligations related to education and associated functions and may be shared with other agencies for the prevention and detection of fraud and the protection of children. Personal information is dealt with properly and securely and in line with the General Data Protection Regulation (GDPR) and other related legislation. For further information, please see the Fair Processing Notice (Privacy Notice) which can be found on our website.

<i>For school use:</i>	
<i>Birth Certificate Number</i>	
<i>Proof of Address</i>	