

St Cuthbert with St Matthias CE Primary School
Nursery School Application Form for Academic Year September 2024

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

CHILD'S DETAILS

Child's Surname (Family name)			
Forename/s			
Date of Birth dd/mm/yy		Male or Female	Please circle
Home address including postcode			
Previous or current nursery or Early Years provision			

PARENT/CARER DETAILS

	1 st Contact		2 nd Contact	
Forename and Surname of parent/carer Please circle	Mr/Mrs/Ms	Parent or Carer?	Mr/Mrs/Ms	Parent or Carer?
Do you have Parental Responsibility?	Yes or No	Please circle	Yes or No	Please circle
Mobile number				
Email address – please write clearly				
Names and Date of Birth brothers/sisters currently attending our school	Name			Date of birth

LOOKED AFTER BY LOCAL AUTHORITY, PREVIOUSLY LOOKED AFTER NOW ADOPTED, UNDER A CHILD ARRANGEMENT ORDER OR SPECIAL GUARDIANSHIP ORDER (see note 1)
Please circle

Is your child in the care of a Local Authority?	Yes	or	No
Previously looked after by a local authority and now adopted?	Yes	or	No
Under child arrangement order?	Yes	or	No
Under special guardianship order?	Yes	or	No
Please state which local authority the child is/was in the care of.			

SPECIAL EDUCATIONAL NEEDS (SEN) or EDUCATION HEALTH AND CARE PLAN (EHCP) AND OTHER EXCEPTIONAL NEEDS
(See note 2) Please circle

<p>Does your child have a Statement of Special Needs or have an Education, Health and Care Plan (EHCP)?</p>	<p>Yes or No</p>	
<p>Has a request for a Statutory Assessment of SEN been agreed?</p> <p>If yes, please provide the name of your SEN keyworker</p>	<p>Yes or No</p>	<p>Name of Keyworker:</p>
<p>Does your child have a disability or special need that may require special attention or support but does not have a Statement of SEN or EHCP in place?</p> <p>(e.g. speech delay, mobility restrictions, a diagnosed condition that requires 1 to 1 support)</p>	<p>Yes or No</p>	<p>If yes, please provide brief details:</p>

NURSERY PROVISION APPLIED FOR (see note 3)

<p>I wish to apply for a 30 hour funded place time place (9am – 3.15pm).</p> <p>If you think you are eligible please apply via the website www.childcarechoices.gov.uk</p> <p>I understand that if I the school offers me a place I will need to provide the school with the code before the beginning of the term.</p> <p>I understand that if the school offers me a place I will need to reapply for a code and provide it to the school every 3 months.</p> <p>If you already have a code, please provide information below</p> <p>30 hour code _____</p> <p>NI Number Parent 1 _____</p> <p>NI Number Parent 2 (if applicable) _____</p> <p>Parent Name must be recorded on previous page</p>	<p>Please tick</p>
<p>I wish to apply for a full time place (9am – 3.15pm) with a top up fee of £1235 per term <i>(This fee covers the academic year 2024/2025, it may rise for the following academic year)</i></p>	<p>Please tick</p>
<p>I wish to apply for a part time place (9am – 12 noon) (12 noon to 3pm)</p>	<p>Please tick</p>

