



NURSERY APPLICATION FORM 2018/2019 ASHTREE PRIMARY SCHOOL AND NURSERY



PLEASE USE BLOCK CAPITALS			
Child details			
First name:			
Middle name:			
Family name:			
Date of Birth:	/	/	Gender:
NHS number:	_ _ _ / _ _ _ / _ _ _ _ _		
Your relationship to the child: (e.g. mother/father/carer/ stepmother/father/ social worker)			
Your child's permanent address (at time of application)			
Address:			
Special Educational Needs <i>Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?</i>			Yes/No
At risk <i>Is your child or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</i>			Yes/No
Children in Public Care <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</i>			Yes/No
Social or medical reasons <i>A child/family who can demonstrate they have a particular medical or social need to attend the school (Please provide supporting evidence with this form)</i>			Yes/No
If you have a sibling at this school, enter their name and date of birth:			
If you have any other requirements please enter here:			
Please <u>circle</u> your preference for a morning or afternoon nursery place should your application be successful.	Morning		Afternoon

Please give your reason for the preference. The school cannot guarantee that your preference will be met.			
Please complete the details for both parents if living at the same address:			
Parent/carer 1 details		Parent/carer 2 details	
Title:			
Forename:			
Surname:			
DOB:			
National Insurance Number:			
National Asylum Support Service (NASS) Number (if applicable):			
Address:			
Email address:			
Telephone numbers			
Daytime:		Mobile:	
<p>Declaration: The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for local authority purposes.</p> <p>I agree to Ashtree Primary School and Nursery using this information to consider my application for a nursery place. I understand that, if any part of this completed application form is found to be false, the offer of a place will be withdrawn.</p> <p>I understand that the completion of an application form does not guarantee a place in the nursery class.</p> <p>I understand that, if offered a place in the nursery class, I will have to apply separately for a place in the reception class.</p>			
Signature of parent/carer:			
OFFICE USE ONLY:	Date Received		
	Late Application		
	Distance		

**PLEASE RETURN THE COMPLETED APPLICATION FORM BETWEEN 1ST
JANUARY AND 16TH MARCH 2018:**

BY HAND OR POST: Ashtree Primary School and Nursery

Chertsey Rise

Stevenage

Herts

SG2 9JQ

ALLOCATIONS WILL NOT BE MADE UNTIL FRIDAY 20TH APRIL 2018