

NURSERY APPLICATION FORM 2024/2025

ASHTREE PRIMARY SCHOOL AND NURSERY

PLEASE USE BLOCK CAPITALS			
Child details			
First name:			
Middle name:			
Family name:			
Date of Birth:	/	/	Gender:
		M/F	
NHS number:	_ _ _ / _ _ _ / _ _ _ _		
Your child's permanent address (at time of application)			
Address:			
Name of Sibling Attending School:			
Requested Start Date:			
Special Educational Needs <i>Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?</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:			
I expect to be eligible for 30 hours weekly: Yes / No			
30 hours code:			
I will need 15 hours weekly: Yes / No			
I am not eligible for 30 hours weekly but would want to pay for additional hours in Nursery Yes / No			
For 15 hours provision Please <u>circle</u> your preference for a morning or afternoon nursery place should your application be successful. Please give your reason for the preference. The school cannot guarantee that your preference will be met.		Morning	Afternoon
		All day	

Please complete the details for both parents if living at the same address:			
Parent/carers 1 details		Parent/carers 2 details	
Title:			
Forename:			
Surname:			
Date of Birth:			
Relationship to child:			
National Insurance Number:			
National Asylum Support Service (NASS) Number (if applicable):			
Address if different to child:			
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 I understand that, if any part of this completed application form is found to be false, the offer of a place will be withdrawn.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/carers:			
OFFICE USE ONLY:	Date Received		
	Distance		
Seen by: Date:	Proof of Date of Birth		
Seen by: Date:	Proof of Home Address		

APPLICATION FORMS CAN BE RETURNED IN THE FOLLOWING WAYS:

- E-MAIL TO admin@ashtree.herts.sch.uk with Nursey Application in the subject title.
- BY HAND OR POST TO:

The School Office

Ashtree Primary School and Nursery

Chertsey Rise

Stevenage

Herts

SG2 9JQ

ALLOCATIONS WILL BE MADE ON A FIRST COME, FIRST SERVED BASIS.