



NURSERY APPLICATION FORM – Abel Smith School

Please write in BLOCK CAPITALS or TYPE					
Child details					
First name:					
Middle name:					
Family name:					
Date of Birth:	/	/	Gender:	M/F	
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>Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i>				Yes / No	
Service Children <i>Is your child a service child in education?</i>				Yes / No	
Mode of Transport: How do you travel to school? E.g. Walk, car etc					
If you have a sibling at this school, enter their name and date of birth:					
Early years setting child currently attends or has attended (if applicable)					
I am applying for a 15 hour place, 9am to 12 noon, Monday to Friday.			Yes / No		
In addition to the morning place, I am <u>applying for</u> Lunch Club / PM Nursery on the sessions noted below			Yes / No		
	Monday	Tuesday	Wednesday	Thursday	Friday
Lunch Club 12-1pm					
PM Nursery 1-3pm					



If you are applying for Lunch Club / PM Nursery using 30 hours free childcare, please provide your HMRC code here :					
I am registering my <u>interest only</u> in Lunch / PM nursery		Yes / No			
If you have any other requirements please enter these here:					
Tell us here if notification by post is required (instead of email).					
Ethnic Origin					
First Language					
Nationality					
Religion					
Home Language					
Country of Birth					
GP (Doctors) Surgery					
Medical Information					
Allergies					
Special Dietary Needs					
Please complete the details for both parents					
	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:		
Daytime Telephone No.:		
Mobile Telephone No.:		

I confirm that the details above are correct to the best of my knowledge.

Signature of parent/carer:

By submitting this form by email you are confirming that details provided are correct to the best of your knowledge.

Please return via email (streasure@abelsmith.herts.sch.uk) or hand in to the school office by **Thursday 28th February 2019**

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.

I agree to Abel Smith School using this information to consider my application for a nursery place. I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.

I understand that the completion of an application form does not guarantee a place in the nursery class.

I understand that, if offered a place in the nursery class, I will have to apply separately for a place in reception.

Signature of parent/guardian: Date:

By submitting this form by email you are accepting the statements above

Thank you for completing this information. Please return to the school office or email streasure@abelsmith.herts.sch.uk by **Thursday 28th February 2019.**

NOTES TO PARENTS

How the information on this form will be used:

By completing this form and signing the declaration you are agreeing for Abel Smith School, if they are oversubscribed, to check whether your child's details meet the school's published admission rules and if he/she can be offered a nursery place.

Any personal data collected will be treated as confidential under the principles of the Data Protection Act 1998. We will not use the data for any other purpose, nor will we share your data with any third parties other than the Department for Education (for statutory reporting), Hertfordshire County Council departments who may from time to time send you advice, guidance and information relating to changes to early years provision and educational services that are relevant and/or of benefit to your child, and your local children's centre who support the local authority by assisting families to access the services that children are entitled to.

Children who have been adopted from care or are subject to a special guardianship order or a child arrangements order.

Eligibility will be based on your declaration that your child was formally a looked after child and on the evidence of their status e.g. a copy of the relevant order. This form and a copy of the relevant order should be seen by the school and they will confirm with Hertfordshire County Council that they have seen confirmation and enable a place to be offered under these criteria.

OFFICE USE ONLY:		
Date Received:		
Distance from home to Abel Smith School (metres)		
Place offered to Parents	Yes / No	
Place accepted / rejected by Parents	Yes / No	Date accepted or rejected by Parents: