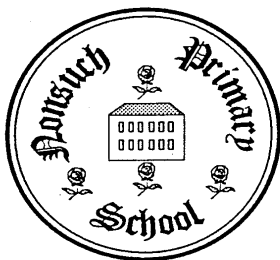


For office use only

Date application Received:	September/ January/April Start	Distance:
Admission Date:	UPN No.	Class:



CONFIDENTIAL NURSERY APPLICATION FORM 2020/2021

NONSUCH PRIMARY SCHOOL

ABOUT YOUR CHILD:

FORENAME (as on birth certificate):

SURNAME (as on birth certificate):

PREFERRED FORENAME (if different from above):

PREFERRED SURNAME (if different from above):

GENDER:

DATE OF BIRTH:

CURRENT HOME ADDRESS DETAILS:

HOME TELEPHONE NUMBER:

Male / Female
/ /
Postcode:

PRE-SCHOOL EDUCATION

Please give details of any pre-school groups your child has attended eg. playgroup, nursery

NAME	ADDRESS:	DATES ATTENDED

SIBLINGS

Please give details of other children in the family

NAME OF CHILD	BOY/GIRL	DATE OF BIRTH	SCHOOL/NURSERY/PLAYGROUP (IF ANY)

FAMILY CONTACT INFORMATION

Please provide details of daytime telephone numbers of parents/guardians to be contacted during school hours in the event of an emergency.

MOTHER/GUARDIAN'S TITLE
FULL NAME:

MRS/MISS/MS/DR *please delete as appropriate

MOBILE TELEPHONE NO:

WORK TELEPHONE NUMBER:

PLACE OF WORK/OCCUPATION:

DAYS/HOURS OF WORK:

EMAIL ADDRESS:

HOME ADDRESS IF DIFFERENT TO CHILD:

HOME TELEPHONE NO:

LEGAL PARENTAL RESPONSIBILITY:

YES / NO

FATHER/GUARDIAN'S TITLE
FULL NAME:

MR/DR *please delete as appropriate

MOBILE TELEPHONE NO:

WORK TELEPHONE NUMBER:

PLACE OF WORK/OCCUPATION:

DAYS/HOURS OF WORK:

EMAIL ADDRESS:

HOME ADDRESS IF DIFFERENT TO CHILD:

HOME TELEPHONE NO:

LEGAL PARENTAL RESPONSIBILITY:

YES / NO

SEPARATED PARENTS

Please provide an address for a parent not living with this child if they wish to be informed of the child's educational progress (eg school reports or invitations to parent/pupil conferences) and if they are entitled to this information and to be on the contact list.

TITLE:	MR/MRS/MISS/DR	ADDRESS:
SURNAME:		
FORENAME:		
RELATIONSHIP TO CHILD		DAYTIME TELEPHONE NO:
		MOBILE TELEPHONE NO:
LEGAL PARENTAL RESPONSIBILITY: YES/NO		

EMERGENCY CONTACTS

In the event of us being unable reach either parent/guardian, please give details of two other people who may be contacted and who can act on your behalf in an emergency.

1ST EMERGENCY CONTACT

TITLE:	MR/MRS/MISS/DR	ADDRESS:
SURNAME:		
FORENAME:		
RELATIONSHIP TO CHILD		DAYTIME TELEPHONE NO:
		MOBILE TELEPHONE NO:

2ND EMERGENCY CONTACT

TITLE:	MR/MRS/MISS/DR	ADDRESS:
SURNAME:		
FORENAME:		
RELATIONSHIP TO CHILD		DAYTIME TELEPHONE NUMBER:
		MOBILE TELEPHONE NUMBER:

MEDICAL

NAME OF DOCTOR:

NAME OF MEDICAL PRACTICE:

ADDRESS:

PHONE NO:

Does your child have any known medical condition or disability (eg. asthma, allergies, epilepsy, anaphylaxis, etc)?

Is your child allergic to plasters?

YES / NO - If YES, please give details, including medication:
If your child needs to keep medication in school eg. inhaler, antihistamine, epi-pen etc please obtain a 'Disclaimer' form from the school office.
YES / NO - If yes you will need to provide us with hypo-allergenic plasters with your child's name on the box.

SPECIAL EDUCATIONAL NEEDS

Has your child been identified as requiring 'Special Educational Needs'?

YES / NO - If yes, please give details:

PREVIOUS SCHOOL

If your child is transferring mid-term from another school, please provide details:

NAME OF SCHOOL:

ADDRESS:

TELEPHONE NUMBER:

DATE YOUR CHILD STARTED AT THE SCHOOL:

DATE YOUR CHILD FINISHED AT THE SCHOOL:

REASON FOR LEAVING:

AGENCIES

Is your child currently in care?

YES / NO	Care Authority :
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YES NO

Have Social Services recently been involved with your child?

Are there any Custody of Court Orders affecting this child?

Have the support services recently been involved with your child?
(eg. Educational Psychologist, EAL Service, CAMHS etc.)

Has your child ever received Speech & Language Therapy?

ETHNIC/CULTURAL INFORMATION

FIRST LANGUAGE – A child’s first language is the language that was spoken to the child most of the time when he/she was a baby. If a child learns to speak English later on, then English is NOT their first language no matter how fluent they become.

HOME LANGUAGE – a child’s home language is the language which is spoken to the child most of the time at home now.

	First Language	Home Language		First Language	Home Language
ARABIC*			KURDISH		
BENGALI*			LINGALA		
BULGARIAN			POLISH		
CHINESE*			PORTUGUESE		
ENGLISH			RUSSIAN		
FARSI/PERSIAN*			SERBIAN/CROATIAN/BOSNIAN		
FRENCH			SOMALI		
GUJARATI			TAMIL		
HINDI			TURKISH		
KOREAN			URDU		
ANY OTHER (Please specify)					

*Which form of this language does your child speak? _____

ETHNIC BACKGROUND

Please tick **one** box which indicates the ethnic background of your child.

White

Mixed

WHITE - BRITISH	<input type="checkbox"/>	<input type="checkbox"/>	WHITE & BLACK CARIBBEAN	<input type="checkbox"/>
IRISH - BRITISH	<input type="checkbox"/>	<input type="checkbox"/>	WHITE & BLACK AFRICAN	<input type="checkbox"/>
TRAVELLER OF IRISH HERITAGE	<input type="checkbox"/>	<input type="checkbox"/>	WHITE & ASIAN	<input type="checkbox"/>
GYPSY/ROMA	<input type="checkbox"/>	<input type="checkbox"/>	ANY OTHER MIXED BACKGROUND	<input type="checkbox"/>
ANY OTHER WHITE BACKGROUND	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Asian or Asian British

Black or Black British

INDIAN	<input type="checkbox"/>	<input type="checkbox"/>	CARIBBEAN	<input type="checkbox"/>
PAKISTANI	<input type="checkbox"/>	<input type="checkbox"/>	AFRICAN	<input type="checkbox"/>
BANGLADESHI	<input type="checkbox"/>	<input type="checkbox"/>	ANY OTHER BLACK BACKGROUND	<input type="checkbox"/>
ANY OTHER ASIAN BACKGROUND	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Other

CHINESE	<input type="checkbox"/>
ANY OTHER ETHNIC BACKGROUND	<input type="checkbox"/>

If you do not want an ethnic background to be recorded, please tick here

RELIGION

Our family religion is _____

If you do not want a religion to be recorded, please tick here

DIETRY REQUIREMENTS

Please indicate below any dietary requirements and known food allergies concerning your child.

Halal meat only	<input type="checkbox"/>	No dairy produce	<input type="checkbox"/>
Kosher foods only	<input type="checkbox"/>	Gluten free	<input type="checkbox"/>
Vegetarian foods only	<input type="checkbox"/>	Any other (please specify)	<input type="checkbox"/>
No beef	<input type="checkbox"/>	Artificial colouring allergy	<input type="checkbox"/>
No chicken	<input type="checkbox"/>	Seafood allergy	<input type="checkbox"/>
No pork	<input type="checkbox"/>	Any other (please specify)	<input type="checkbox"/>
No nuts	<input type="checkbox"/>		<input type="checkbox"/>

Parent's Signature _____

Date _____

Parent declaration form for 3 & 4 year old free childcare entitlement

All children, from the term after they turn 3 years of age, are eligible for the universal free childcare entitlement of up to 15 hours a week free childcare*

From September 2017, some 3 & 4 year olds will be eligible for the extended free childcare entitlement of up to 30 hours a week free childcare**

This form will collect information to assess the free childcare entitlement you are eligible for and your eligibility for Early Years Pupil Premium (EYPP) and Disability Access Fund (DAF)

Documentary Proof of DOB (e.g birth certificate, passport)		Document recorded by: (Name of member of staff)	
Date of Document recorded: (dd/mm/yyyy):		30 hours eligibility 11 digit code (extended free childcare)	

**Universal free childcare entitlement is 570 hours a year, if taken over 38 weeks (term time) this equates to 15 hours a week. Parents are able to stretch their entitlement all year round; this will mean less hours per week over more than 38 weeks.*

***Extended free childcare entitlement is 1140 hours a year if taken over 38 weeks, equates to 30 hours a week, as with the universal free entitlement parents are able to stretch their entitlement over more weeks of the year.*

Setting and attendance details

- Your child can attend up to a total of three registered childcare settings; however your child can only attend a maximum of two sites in a single day and claim for their free childcare entitlement. Further information can be found on the London Borough of Sutton website.
- If your child attends more than one setting the London Borough of Sutton will distribute the funding fairly between the settings.
- You will need to agree and complete this parent declaration form with each setting your child attends for their free childcare entitlement (universal or extended) to ensure that funding is distributed fairly.
- If your child attends more than one setting to access the extended free childcare you will need to identify which setting will receive the universal free childcare and the extended free childcare entitlement.

Attendance

The Department of Education and the local authority needs to monitor the number of funded hours children are receiving. Your first 15 hours of funding are referred to as “Universal”. Any hours after that are referred to as “Extended”. Please record for each setting how many hours your child is receiving at each setting and whether these are Universal or Extended hours.

Setting Name(s): Nonsuch Primary School	Please enter total free childcare entitlement hours attended per day					Total number of hours per week	Number of weeks per year
	Mon	Tues	Wed	Thur	Fri		

Universal hours	x	x	x	x	x	15	38
Extended hours							
Total daily free childcare hours attended							

Parent details

If you have provided a 30 hours eligibility code in section 1 or believe you are eligible for EYPP please provide the following information for the main benefit holder to enable the local authority to confirm eligibility.

EYPP is an additional sum of money paid to childcare providers for children in receipt of certain benefits

This funding will be used to enhance the quality of their early years' experience by improving the teaching and learning, facilities and resources, with the aim of impacting positively on your child's progress and development. For more information please speak with your childcare provider.

If the child named on this application is adopted or is a looked after child you do not need to complete the information below, however you will need additional evidence e.g court order to claim for EYPP.

Parent's Signature _____ Date _____

PUPIL PREMIUM

Are you in receipt of Income Support of Job Seekers Allowance?

National Insurance Number of Parent applying.

Date of Birth of parent applying.

YES / NO

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES.

PARENTMAIL

The school uses a service called **Parentmail** which enables us to send letters and messages direct to parents via email instead of hard copies. If you would like to receive information in this way then please give details of your email address below:-

I GIVE PERMISSION FOR MY EMAIL ADDRESS TO BE REGISTERED WITH PARENTMAIL (please tick)

Child/Children's Name:	
Mother's Name:	
Mother's Email Address:	
Father's Name:	
Father's Email Address:	
Signature:	Date:

I AM NOT ABLE TO RECEIVE INFORMATION BY EMAIL (please tick)

ParentMail is registered with the Data Protection Register and guarantees that all information supplied will be kept confidential.

CONSENT

During your child's school life certain activities require your signed consent before your child is allowed to participate. These are listed below:-

CONSENT (Please refer to Appendix A)	PLEASE INDICATE
1. I give permission for the school to publish images of my child for school purposes as set out in the school's Child Media Policy including the school website, (names will not be published on website or in prospectus)	YES / NO
2. I give permission for my child to go on educational visits within walking distance from the school	YES / NO
3. I give permission for my child to have access to the internet on the terms set out in the school's Pupil Internet Access Policy.	YES / NO
4. I give permission for my child to borrow books from the school library. I will pay for any lost or damaged books.	YES / NO
5. I give permission for the school to assist my child _____ in class _____ to administer the sunscreen I have provided in a clearly labelled tube/bottle (child's name and class). (Summer Term only)	YES / NO
6. As a parent/guardian I commit to the responsibilities as set out in the Nonsuch Vision and Home School Agreement (Please sign separate form)	YES / NO

Parent's Signature _____

Date _____