

OFFICE USE

Date application received:

.....



Nursery Application Form

Please take/email the completed application with the following documentation to the Nursery:

Proof of your home address ☐

Proof of your child's date of birth ☐

NOTES

- Admission to a particular primary school is not determined by attendance at a particular nursery.
- The Local Authority (LA) works closely with nurseries to ensure that information received is correct. Any parent giving incorrect information may have their offer of a place withdrawn.

NAME OF CHILD

First Name(s): Legal Surname:

Home Address:

..... Postcode:.....

Nationality: Male: ☐ Female: ☐ Date of Birth:

Is the child Looked After (i.e in the care of a local authority/fostered)? **YES/NO**

Does your child have any of the following:

- Special Educational Needs? **YES/NO**

If yes, please provide further information. E.g. assessment letter, medical consultant or paediatrician reports.

- A severe and long-term medical need? **YES/NO**

If yes, please provide further information. E.g. assessment letter, medical consultant or paediatrician reports.

SIBLINGS – If there are other children who have attended/will be attending the nursery school when this child starts, please complete this section.

Name: Date of Birth:

Name: Date of Birth:

YOUR DETAILS

Title: Mr/Mrs/Miss/Ms/Dr First Name: Legal Surname:

Signature: Date of Birth*:

National Insurance Number*: National Assylum Seekers Reference*:

Relationship to child:

Address: (if different from section 1):

..... Postcode:

Mobile telephone no.: Home/Other contact no:

Email address:

Other Adult(s) with parental responsibility for the child. (Having parental responsibility for the child means assuming all the rights, duties, powers, responsibility, and authority that a parent of a child has by law). **(All adults with parental responsibility should sign this form, where possible.)**

Title: Mr/Mrs/Miss/Ms/Dr First Name: Legal Surname:

Signature: Date of Birth*:

National Insurance Number*: National Assylum Seekers Reference*:

Relationship to child:

Address (if different from section 1):

..... Postcode:

Mobile telephone no.: Home/Other contact no:

Email address:

ADMISSIONS APPLICATIONS FROM OUTSIDE THE UK

Date of arrival in the UK: Length of stay in the UK:

Reason for being in the UK:

HOURS REQUIRED

Are you applying for a funded place? **YES/NO**

If yes, please provide eligibility code:

Please complete session request form.

Preferred start date:

The UK General Data Protection Regulation (UK GDPR), provisions of the Data Protection Act 2018 (DPA 2018) and the Education (School Records) Regulations (1989) protect this strictly confidential personal data, stored on the school's student records database.

The sections marked * are non-compulsory. If supplied, this information will be shared with Education Welfare Benefit Service, Cambridgeshire County Council, and other relevant bodies administering public funds, who collect and use information about you so that we can provide your child(ren) with entitlement to education benefits under The Education Act 1996.

By signing this form, I confirm I understand that data will be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

Full details about how we use this data and the rights you have around this can be found in our Data Policy on our website, www.thefields.cambs.sch.uk where you will also find our Privacy Notices. If you have any data protection queries, please contact our Data Protection Officer whose contact details are on our Privacy Notice.

HOW DID YOU HEAR ABOUT US? (Please circle any that apply)

Nursery Website County Council Website Leaflet Word of Mouth Social Media Other: