

APPLICATION FOR ADMISSION TO The Minster Nursery and Infant School

2020-2021 ENTRY TO NURSERY 3 & 4 YEAR OLDS

This form should be completed in CAPITAL letters and returned direct to the school.

Please note that the government entitles each 3 year old child to 15 hours free Nursery session. In addition some children may be entitled to an additional 15 hour free nursery session. These extra hours can also be taken at another setting. Details are available in this application pack.

DETAILS OF PARENT(S)/GUARDIAN(S):

Surname: _____ Initials: _____ Mr/Mrs/Miss/Ms *(please delete as necessary)*

Current Address: _____
 _____ Postcode: _____

Telephone No: *(if possible, where you can be contacted during the day)* _____

Mobile No: _____ Email address _____

I am the parent/person with legal responsibility for the following child/children for whom I wish to arrange admission to The Minster Nursery and Infant School.

Child's First Name	Child's Surname	Date of Birth	Male/Female	Name of present Nursery or pre school currently attending	Date last attended*

* if your child/children is/are not currently in attendance at the school, this date must be included

Please list below any siblings living in the same family unit or household but who do not require a place at the school:

Child's name	Date of Birth	School attended

Does your child have any input with any of the following outside agencies:

(Please tick) Speech & Language therapy Occupational therapy Physiotherapy Paediatrician

Please list any special needs your child may have, not mentioned above, or any other information you wish to give us

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Does your child have an Educational, Health Care Plan (EHCP) Yes/No

Does your child receive Disability Living allowance Yes/No

Did your child meet their 2-2½yr old developmental review Yes/No

LOOKED AFTER CHILDREN

Are any of the children named above in public care (i.e. resident with a foster carer or in a children’s home, or resident in the parental home but subject to a full Care Order)?

Yes/No (please delete as necessary)

If “Yes”, please provide details below:

Name of Child/Children: _____ Date(s) of birth: _____

Name of assigned Social Worker: _____

Telephone contact number for Social Worker: _____

Local Authority with whom the child/children is/are in care: _____

Date on which the child/children took up residence at the address quoted above: _____

Morning or Afternoon Attendance

Which session would you prefer if it can be offered to you?

Morning Afternoon (please tick appropriate box)

We can not guarantee that we will be able to accommodate every request, however if there are specific reasons why you want a particular session, please write them on a separate sheet and attach to the application form.

Declaration:

I have read and understood the notes in the Information Sheet and the arrangements set out for the allocation of nursery places. I accept, in particular, that:

- (a) there is no guarantee that a place can be made available at this nursery class
- (b) the length of time that my child’s name has been on the waiting list will not be taken into account when places are allocated; the admissions policy will apply
- (c) the offer of a place in a nursery class carries no guarantee of a reception class place in the same school in the following year
- (d) I am only applying to The Minster Nursery school for my 15 hours free entitlement.

Signature of Parent: Date:

Information provided will be used for registered purposes under the Data Protection Act 1998.

Please return form to The Minster Nursery and Infant School, Warrington Road, Croydon CR0 4BH