

# APPLICATION FOR ADMISSION TO The Minster Nursery and Infant School

## 2021-2022 ENTRY TO NURSERY 2YR OLDS

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

**Please note that the government only entitles each child to 15 hours free Nursery time. Therefore, you cannot have 15 hours at The Minster Nursery and then any other free hours elsewhere.**

**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 they are 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 other children 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**

.....  
 .....  
 .....

**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