**Application for Admission to Streethay Primary Nursery Setting**

Before completing this form, you should read the Nursery Admission Arrangements provided on our website at <http://www.streethayprimary.org.uk/our-school/policies>

Please complete and email your application form: **info@streethay.set.org**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nursery Intake** | **Nursery Tour Date** | **Applications close** | **Offer/No Offer** |
| **September 2024**  **(Autumn Term)** | TBC | 29th February 2024 | 22nd March 2024 |

**1. CHILD’S DETAILS**

|  |
| --- |
| Child’s Legal Surname: Date of Birth:  Child’s Legal First Name:    Gender Identity Boy: Girl : Prefer not to Self Describe:  Full Postal Address:  (including postcode)  **NB: it is your responsibility to advise us immediately if these details change.** |

**2. Birth Certificate**

|  |
| --- |
| I have enclosed a copy of my child’s birth Certificate Yes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. NURSERY AND WRAPAROUND CARE REQUIREMENTS (Please select as appropriate)**  **Minimum of 3 nursery sessions** | | | | |
| **Days** | **Before School Care**  **7.30 to 8:35 am** | **Morning Session**  **8:35-11.45 am** | **Afternoon Session**  **12:15 to 3:15 pm** | **After School Care**  **3:15 to 6:00 pm** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

**4.** **FURTHER INFORMATION ABOUT YOUR CHILD**

Is your child a twin of triplet, etc. (one of a multiple birth)? Yes No

If yes, please provide the names of related applications:

Is this child in the care of a local authority? (Please select each box as appropriate) Yes No

Has the child previously been in the care of a local authority but has since been adopted

or become subject to a residence order or special guardianship order since being in public care Yes No

**If ‘Yes’ to either of the above, please provide Social Worker and Local Authority contact**

**details in the box below:**

Does this child have an Education, Health and Care Plan (EHCP) Yes No

Does your child attend another nursery/childcare provision? No

If yes, where

No

**ELDER SIBLING DETAILS (where applicable)**

**Name of elder sibling Date of Birth**

**5. DETAILS OF PERSON COMPLETING THIS FORM**

Surname: P Please indicate title Mr / Mrs / Miss / Ms / MX

First Name:

Relationship to Child:

Contact Number:

Email Address:

**6. ADDITIONAL NOTES TO SUPPORT YOUR APPLICATION**

If applicable, please attach any additional information to support your application if it is relevant to the admissions criteria.

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_