

SOMERSET NURSERY SCHOOL AND CHILDREN CENTRE APPLICATION FORM

Details of Child	Surname	First Name(s)
Date of Birth DD / M /	Admin: Birth Certificate Seen? <input type="checkbox"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/> Please tick

Details of Parent(s) or Guardian(s) With Whom Child Lives

(ii) Surname	First Name or Initial	Mr/Mrs/Miss /Ms	
(ii) Home Tel. No.	(ii) Work Tel. No.	Mobile	
Email	Relationship to Child		

(ii) Surname	First Name or Initial	Mr/Mrs/Miss /Ms	
(ii) Home Tel. No.	(ii) Work Tel. No.	Mobile	
Email	Relationship to Child		

Address			
Post Code		Borough of Residence	

Names of those with parental responsibility:

(i) Surname	First Name or Initial	Relationship to Child	
(ii) Surname	First Name or Initial	Relationship to Child	
(iii) Surname	First Name or Initial	Relationship to Child	

Names of Absent Parent

(i) Surname	First Name or Initial	Relationship to Child	
Address			Phone Number

Details of Parent(s) / Guardian(s) Employment or Study

Mothers Occupation/ Study	Full-time?		Part-time?	
Course Details:	Study Completion Date / /			
Fathers Occupation / Study	Full-time?		Part-time?	
Course Details:	Study Completion Date / /			
Guardians Occupation / Study	Full-time?		Part-time?	
Course Details:	Study Completion Date / /			

	Country of Birth	Languages Spoken at Home
Mother		
Father		
Guardian		
Child		
First language of child:	Is the child bi-lingual? Yes / No	
Family Religion?		

Reasons for Application	If you wish to give reasons for your application, please use the space below.	
If your child has an acute medical or personal reason for needing a place at this school you must tick this box and provide professionally supported evidence with your application		Medical / Social report attached

Name of your child's Doctor/Health Centre/Health Visitor	
Does your child have any medical conditions we should be aware of - i.e. Asthma, allergies etc	
Do you have any concerns or anxieties about your child's health, i.e. eating, sleeping, etc.	
Do you have any concerns about your child's development?	
Does your child have any special educational needs?	
Does your child have any professional support? E.g.Social Worker, Speech & language Therapist, Lead professional	
Does your child have any pre school experience: (i.e. Sure Start, 1 O'clock club, private nursery)	
Does your child live in a house/flat /maisonette?	Garden access? Yes/ No
Other children in the family & ages:	
Is your child fully toilet trained?	

NURSERY SCHOOL ONLY- Please specify preferred choice; 1st ,2nd and 3rd

Full-Time* 30 Hours (9.15am - 3.15pm) <input type="checkbox"/>	Part-Time 15 Hours Morning (9.15am - 11.45am) <input type="checkbox"/> With one full day each week	Part-Time 15 Hours Afternoon (12.45pm - 3.15pm) <input type="checkbox"/> With one full day each week
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*If you are requesting a full-time place, do you meet the criteria below for 30 hours funding? YES NO

- Both parents are working and each parent earns on average a weekly minimum equivalent to 16 hours at the minimum wage/national living wage.
- Neither parent earns more than £100,000 per year.
- Lone parents are eligible subject to the above criteria.

There are a limited number of full-time places available. If you requested fulltime but are unsuccessful would you consider a Part time place? YES NO If YES please specify AM PM

<h1>Wandsworth</h1>	Data Protection Act 1998		WARNING: The Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within its Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.
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Declaration	1. I confirm that the above information is correct to the best of my knowledge and I understand that the Council or school reserve the right to reconsider the offer of a place should the information be incorrect		
	2. I confirm that should any of the above information change I will inform the school immediately.		
Signature of Parent/ Guardian		Date	/ /

WANDSWORTH ETHNIC BACKGROUND RECORD FORM

Based on the new national population census ethnic categories

Name of Child:Date of Birth:.....

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.**

Please study the list below and **tick one box only** to indicate the ethnic background of the child named above and return this form to the school office. Thank you.

I would describe my child as:

White:

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Turkish
- White European
- White Western European
- White other

Mixed:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British :

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British :

- Caribbean
- Ghanaian
- Nigerian
- Somali
- Other Black African
- Any other Black background

Chinese

Any other ethnic background:

- Any other ethnic background
- Latin / South / Central American

I do not wish an ethnic background to be recorded:

Thank you for your co-operation.