

SOMERSET NURSERY SCHOOL APPLICATION FORM

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

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently in the EYMAP process?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes date of panel meeting?

If you are requesting the additional 15 Hours (Full Time), you must be eligible.
Below is the criteria for the Additional 15 Hours.

- Both parents must be working and each parent must be earning on average a weekly minimum equivalent to 16 hours at the minimum wage/national living wage.
- Neither parent should earn more than £100,000 per year.
- Lone parents are subject to the above criteria.
- One/Both parent(s) is away on Maternal/Paternal leave.
- One or both parent(s) on statutory sick.
- One parent is employed and the other parent has either: substantial caring responsibilities/and or a disability.

Please visit the government website to check if you qualify for the additional 15 hours.

www.gov.uk/childcarechoices.gov.uk

If you do qualify,
 Please provide your eligibility/funding code:

National Insurance Number:

Please note: Parents are required to review their eligibility every 3 months.

'Top Up'

If you do not qualify for the additional 15 hours and wish to have a full time place, you can 'Top Up'.
 If you are interested in paying the 'Top Up' charges please indicate below and a member of the office will provide you with more information.

I am interested in more information about 'Top Up'. Yes No

Please specify preferred choice; 1 First Choice / 2 Second Choice/ 3 Third choice

Additional 15 hours (Full Time) 9:15am - 3:10pm	Part Time place AM 9:15am - 11:45am	Part Time place PM 12:45pm - 3:10pm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration:

- 1) I can 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 I will inform the school of any changes to the information stated on the application.
- 3) I confirm that I will give the school a minimum of a one terms notice if I decide to withdraw my child's place from the Nursery.
- 4) I give consent for the nursery to use the NI number and funding code that I have provided for any checks that may be necessary.

WANDSWORTH: 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 administrating pubic funds solely for these purposes.

Signature of Parent or 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.