Nursery Application

PLEASE COMPLETE IN **BLOCK CAPITALS**

Data Protection Act 1998
WARNING: The School 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.

Chesterton PRIMARY SCHOOL

1. Details of Child
(as they appear on Birth Cert. or Passport)

Surname	First Name(s)

Address where the child lives	Postcode:
Borough of Residence	

Date of Birth		Boy ☐	Girl ☐	**Please tick**

2. Details of Parent(s) or Guardian(s)

Surname	First Name	Mr/Mrs/Miss/Ms.	Relationship to child
Home Tel. No.	Mobile Tel. No.	Email	
Do you have parental Responsibility for the child? Yes ☐ No ☐	Do you live at the same address as the child? Yes ☐ No ☐ If 'No', please give your full address:		

Surname	First Name	Mr/Mrs/Miss/Ms.	Relationship to child
Home Tel. No.	Mobile Tel. No.	Email	
Do you have parental Responsibility for the child? Yes ☐ No ☐	Do you live at the same address as the child? Yes ☐ No ☐ If 'No', please give your full address:		

3. Preferred Session Time

Please indicate which session you would prefer.
PLEASE NOTE: that we cannot guarantee your preference will be met at this stage

AM 8:55am, to 11.45am ☐	PM 12:15pm to 3.15pm ☐	FT 8:55am, to 3.15pm ☐ Will you be using a '30 Hours code'? Yes ☐ No ☐

4. Details of Siblings attending this school

Surname(s)	First Name(s)	Year Group	Date of Birth

5. 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

Does your child have an EHCP/Special Educational/Medical needs? ☐
Please specify.

6. Declaration

1. I understand there is no automatic right of transfer from the nursery class to the infant reception class at the school.

2. 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.

Signature of Parent	Date	