

APPLICATION FORM

KEELHAM NURSERY

Section 1: Child's Details

First name:	Middle name:	Legal surname:
Child's date of birth Day Month Year	Male <input type="checkbox"/> Female <input type="checkbox"/>	Does your child speak English? Yes <input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/>

Child's home address:
.....
.....
..... Post Code

How long has your child lived at this address?	Is your child new to the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Future Address and moving date: -	

Section 2: Parent/Carer Details

Your details:	Title: Mr / Mrs / Ms / Other	Surname:	First name:
---------------	------------------------------------	----------	-------------

Your relationship to the child	Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/> Social Worker <input type="checkbox"/> Other
--------------------------------	---

Your current address Post Code
----------------------	--------------------------------

Contact details: Mobile phone Home phone

Work phone Email address

Do you speak English Yes <input type="checkbox"/> No <input type="checkbox"/>	Your home language
---	--------------------------

If another adult has parental responsibility and lives at a different address from the child. Please give details below.

If you give permission for another adult to discuss the application on your behalf (for example if you are not confident in spoken English) please give details below. We will only be able to discuss the application with the people named on this form.

Section 3: Ethnic monitoring (please circle the ethnic origin of your child)

Bangladeshi	Black Caribbean	Black African	Chinese
Gypsy Roma	Indian	Mirpuri Pakistani	Other Pakistani
Mixed Black African/White	Mixed Black Caribbean/White	Mixed Asian/White	Other Asian background
White British	White Irish	White Eastern European	Other White background
Traveller Irish heritage	Other black background	Other mixed background	Do not wish to give ethnicity

Section 5: Siblings

Please give details of your child's brothers and sisters who are of school age and are currently attending Keelham Primary School. Include brothers, sisters, step-brothers and step-sisters, fostered and adopted children within the same family and living at the same address. Do not include cousins.

Sibling's first name	Sibling's surname	Sibling's date of birth	Sibling's Class

Section 6: Additional information

(a) Does your child have a statement of special educational needs? YES NO

(b) Is your child a looked after child or formerly looked after YES NO
If yes, please state which local authority has/had responsibility Local Authority

(c) Are there any medical or social reasons for your preferred school? YES NO
If yes, please give details:

Section 7: 30 hours eligibility

Do you believe your child will be entitled to the extended nursery hours entitlement (see information on sheet) YES NO

If your child does meet the entitlement criteria for 30 hours nursery allocation, how many hours would you require (15 to 30 hours) _____ at Keelham Nursery.

Please complete the enclosed questionnaire for 30 hours eligibility and return it to school with this form.