



# Application for Nursery Admission at St Chad's C.E. (C) Primary School

Before completing this form, you should read the nursery admission arrangements provided on our website at <http://www.st-chads-newcastle.staffs.sch.uk/>. Please complete this form and return it to the school office as soon as possible.

## NURSERY PLACE REQUEST

FOR ENROLMENT IN SEPTEMBER

Please select one of the following options for your child:

**Option 1** 15 hours government funded place  (5 mornings or 5 afternoons)

**Option 2** 30 hours government funded place  (£10 per week additional charge payable)

To check if you are eligible for 30 hours free Nursery childcare, please check on the following website: <https://www.childcarechoices.gov.uk/>

If you already have an ELIGIBILITY CODE please note it here: \_\_\_\_\_

**Option 3** 15 hours (5 mornings) and the option to pay for some afternoon sessions (£14 per afternoon) Please indicate how many afternoons you would like to pay for \_\_\_\_\_

**Option 4** 32.5 hours funded by the Childcare Grant Payment Service

## CHILD'S DETAILS

Child's Legal Surname:  Date of Birth:

Child's Legal First Name:  Male:  Female:

Full Postal Address:  (including postcode)

**NB: it is your responsibility to advise us immediately if these details change.**

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

If yes, please provide the names of related applications:

Is this child in the care of a local authority? Please tick each box as appropriate

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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?)

**If 'Yes' to either of the above, please provide Social Worker and Local Authority contact details in the box below:**

## ELDER BROTHER OR SISTER DETAILS (where applicable)

Name of elder Brother(s) or Sister(s)  Date(s) of Birth

It is important that you read and understand the admissions criteria for each of your preferred school/s. Please remember to attach any additional evidence to support your application if it is relevant and requested in the admissions criteria.

If there are any personal circumstances relating to your preference that you are not happy to disclose on this form, please tick the box and we will arrange to contact you.

## CURRENT CHILDCARE PROVISION DETAILS

Names of any friends  
also applying to St. Chad's  
Nursery or Reception  
(if known)

## SEND AND MEDICAL DETAILS

Does your child have an Education, Health and Care Plan (EHCP)  
in place (or an application in progress)?

Yes  No

Are you claiming Disability Living Allowance (DLA) for your child?

Yes  No

In order to support your child's transition in the best possible way, please provide additional details below relating to your child's special educational needs, disabilities or medical needs. This should include any current arrangements with a paediatrician, speech and language therapist, Early Years Forum or any other support agencies.

## DETAILS OF PARENT / CARER MAKING THIS APPLICATION

Surname:

Please circle title: Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address:

Address:

Signature: