**Little Reddings Primary School
Headteacher: Mrs Carly Rissen

**‘Learning together, Respecting each other, Success for all’**

 **Harcourt Road, Bushey**

**Hertfordshire, WD23 3PR**[**www.littlereddings.org.uk**](http://www.littlereddings.org.uk)**admin@littlereddings.herts.org.uk** **Tel: 020 8950 5388
Fax: 020 8420 5485**

 Nursery Admissions

|  |
| --- |
| SCHOOL OFFICE USE ONLY |
| Date Application Received  |  |
| Date Acknowledged |  |
| Birth Certificate |  |
| Proof of Address |  |
| Details of Placement: |

**NURSERY APPLICATION FORM**

**Please ensure that ALL sections of this form are completed. Any missing information will result in a delayed start for your child.**

**Key Information**

|  |  |
| --- | --- |
| Child’s First Name |  |
| Child’s Surname |  |
| Known As |  |
| Child’s Permanent Home Address (*at the time of application)* |  |
| Date of Birth |  |
| Gender  | Male [ ]  | Female [ ]  |
| NHS Number (**required**) |  |
| Religion |  | Ethnicity |  |
| Country of birthNationality |  | First Language |  |
| Other Spoken Language(s) |  |
| Sibling(s) attending *Little Reddings Primary School*(*please provide their name*) |  |
| **Children Looked After***If your child is looked after, or was previously looked after and is now adopted, or with a child arrangements of special guardianship order?* | Yes[ ]  | No[ ]  |
| If **yes**, please provide more details |  |
| **SEN***Does your child have a Statement of Special Educational Needs or an Education Health and Care Plan (EHCP)* | Yes[ ]  | No[ ]  |
| If **yes**, please provide more details |  |
| **Social or Medical***Does your child have a particular medical or social need to go to this school?* | Yes[ ]  | No[ ]  |
| If **yes**, please provide more details |  |
| **Disability Living Allowance (DAF)***Is your child in receipt of DAF?* | Yes[ ]  | No[ ]  |
| If **yes**, please provide Disability Living Allowance reference number  |  |
| **Forces Family** | Yes[ ]  | No[ ]  |
| If **yes**, please provide more details |  |

**Previous School/Setting**

|  |  |
| --- | --- |
| School/Setting Name |  |
| From: |  | To: |  |
| Address |  |
| Telephone No. |  |
| Reason for leaving previous setting |  |

|  |  |  |
| --- | --- | --- |
| **Parent/Carer 1** | Relationship to the child |  |
|  | Parental Responsibility  | Yes[ ]  | No [ ]  |
| Title (*Mr. Mrs. Ms Miss. etc*) |  |  |  |
| Full Name |  |
| Date of Birth |  |
| National Insurance Number |  |
| Address |  |
|  |  |
|  |  | Post Code |  |
| Email Address |  |
| Telephone Number | Home |  | Mobile |  |
| Place of Work |  |
| Address |  |
|  |  |  |
| Telephone Number |  | Ext. |  |
| Able to Collect Child | Yes[ ]  | No [ ]  |
| **Parent/Carer 2** | Relationship to the child |  |
|  | Parental Responsibility  | Yes[ ]  | No [ ]  |
| Title (*Mr. Mrs. Ms Miss. etc*) |  |
| Full Name |  |
| Date of Birth |  |
| National Insurance Number |  |
| Address |  |
|  |  |
|  |  | Post Code |  |
| Email Address |  |
| Telephone Number | Home |  | Mobile |  |
| Place of Work |  |
| Address |  |
|  |  |  |
| Telephone Number |  | Ext. |  |
| Able to Collect Child | Yes[ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| Do any other individuals have Legal contract arrangement with the child? | Yes[ ]  | No [ ]  |
| If Yes, please provide details below and a copy of relevant documentation: |

**Emergency Contacts (Other Than Parents/Carers)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact No. 1 | Contact No. 2 | Contact No. 3 |
| Name |  |  |  |
| Relationship To Child |  |  |  |
| Address |  |  |  |
| Telephone No. |  |  |  |
| Mobile No. |  |  |  |

**Medical Details**

|  |  |
| --- | --- |
| Doctors Name: |  |
| Address |  |
| Telephone No. |  |
| Health Visitor Name |  |
| Address |  |
| Telephone No.  |  |
| Please list any Medical conditions or allergies. Please use a separate sheet if necessary: |
| Does your child have special dietary requirements, due to religious beliefs or allergies (*does not include any likes or dislikes*): |

**Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Diphtheria |  |  | Tetanus |  |  |
| Hib |  |  | Mumps |  |  |
| Measles |  |  | Rubella |  |  |
| Polio |  |  | Whooping Cough |  |  |
| Details of Other Vaccinations |  |

**Consents**

|  |
| --- |
| **Medical Treatment** |
| **I hereby give consent for the Staff of Little Reddings Primary School to:** |
| Administer Emergency First Aid | Yes [ ]  | No [ ]  |
| Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary | Yes [ ]  | No [ ]  |
| Signature ……………………………………………………………………………………. | Date …………………………………… |
| **Outings** |
| **I hereby give consent for the Staff of Little Reddings Primary School to:** |
| To take my child on local visits and outings (walking and minibus) | Yes [ ]  | No [ ]  |
| Signature ………………………………………………………………………………………. | Date …………………………………… |
| **Photographs/Videos** |
| **I hereby give consent for the Staff of Little Reddings Primary School to:** |
| Photograph my child and for those photographs to be used in my child’s file and displays around the school | Yes [ ]  | No [ ]  |
| Use my child’s photographs for School’s website and publicity | Yes [ ]  | No [ ]  |
| Use my child’s photographs for local/national press releases | Yes [ ]  | No [ ]  |
| Signature ………………………………………………………………………………………. | Date …………………………………… |
| **Sharing Information** |
| **I hereby give consent for the Staff of Little Reddings Primary School to:** |
| Share information about my child with other agencies such as: Speech and Language, Health Visitors, Special Education Need Support, etc. where necessary | Yes [ ]  | No [ ]  |
| Signature ………………………………………………………………………………………. | Date …………………………………… |
| **Please note staff will share information without consent if they are concerned about the welfare of the child** |

**Request for Additional Hours (including 30 Hours free childcare funding)**

|  |  |  |
| --- | --- | --- |
| I am interested in Nursery Lunch Club (12 – 1pm) | Yes [ ]  | No [ ]  |
| I am eligible for 30 hours free childcare funding To check if you are eligible please go to [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)  | Yes [ ]  | No [ ]  |
| I am not eligible for 30 hours but interested in self-funding additional hours (12 – 3pm) | Yes [ ]  | No [ ]  |

**DECLARATION**

The information I have given on this form is complete and accurate. I understand that my personal information will be held securely.

I agree to *Little Reddings Primary School* using this information to consider my application for a Nursery place. I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.

I understand that the completion of an application form does not guarantee a place in the Nursery class.

I understand that, if offered a place in the Nursery class, I will have to apply separate for a place in Reception.

**Please Note**

**How the information on this form will be used:**

By completing this form and signing the declaration you are agreeing for *Little Reddings Primary School* if they are oversubscribed, to check whether your child’s details meet the school’s published admission rules and if he/she can be offered a nursery place.

Any personal data collected will be treated as confidential under the principles of the Data Protection Act 1998. We will not use the data for any other purpose, nor will we share your data with any third parties other than the Department for Education (for statutory reporting), Hertfordshire County Council departments who may from time to time send you advice, guidance and information relating to chances to early years provision and educational services that are relevant and/or of benefit to your child, and your local child’s centre who support the local authority by assisting families to access the services that child are entitled to.

**Thank you for completing our Nursery Application Form.
Please return to the School Office by:
Friday, 22nd March 2019**

Name of Person Signing: ……………………………………………………………………………………………………………………

Signature: …………………………………………………………………………………….. Date: …………………………………………