



Little Reddings Primary School

Headteacher: Mrs Rebecca Tregear

'Learning together, Respecting each other, Success for all'

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Hertfordshire, WD23 3PR
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Nursery Admissions

SCHOOL OFFICE USE ONLY	
Date Application Received	
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 <i>(at the time of application)</i>		
Date of Birth		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NHS Number (required)		

Family Information

Religion		Ethnicity	
Country of birth		First Language	
Nationality		Other Spoken Language(s)	
Sibling(s) attending <i>Little Reddings Primary School</i> (please provide their name)			

<u>Children Looked After</u> <i>If your child is looked after, or was previously looked after and is now adopted, or with a child arrangements of special guardianship order?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please provide more details		
<u>SEN</u> <i>Does your child have a Statement of Special Educational Needs or an Education Health and Care Plan (EHCP)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please provide more details		
<u>Social or Medical</u> <i>Does your child have a particular medical or social need to go to this school?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please provide more details		
<u>Disability Living Allowance (DAF)</u> <i>Is your child in receipt of DAF?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please provide Disability Living Allowance reference number		
<u>Forces Family</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please provide more details		

Previous School/Setting

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

Parent/Carer details

Parent/Carer 1	Relationship to the child			
	Parental Responsibility		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full Name including title (Mr. Mrs. Miss. Etc.)				
Date of Birth				
National Insurance Number				
Address				
		Post Code		
Email Address				
Telephone Number	Home		Mobile	
Place of Work				
Address				
Telephone Number		<u>Ext.</u>		
Able to Collect Child	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Parent/Carer 2	Relationship to the child			
	Parental Responsibility		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full Name including title (Mr. Mrs. Miss. Etc.)				
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 <input type="checkbox"/>	No <input type="checkbox"/>	

Do any other individuals have Legal contract arrangement with the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 (<i>does not include any likes or dislikes</i>):	

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					

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

I am interested in Nursery Lunch Club (12 – 1pm)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am eligible for 30 hours free childcare funding To check if you are eligible please go to www.childcarechoices.gov.uk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am not eligible for 30 hours but interested in self-funding additional hours (12 – 3pm)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Consents

<u>Medical Treatment</u>		
I hereby give consent for the Staff of Little Reddings Primary School to:		
Administer Emergency First Aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature	Date	
<u>Outings</u>		
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 <input type="checkbox"/>	No <input type="checkbox"/>
Signature	Date	
<u>Photographs/Videos</u>		
I hereby give consent for the Staff of Little Reddings Primary School to:		
Video/Photograph my child and for those photographs to be used in my child's file and displays around the school	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use my child's photographs for School's website and publicity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use my child's photographs for local/national press releases	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature	Date	
<u>Sharing Information</u>		
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 <input type="checkbox"/>	No <input type="checkbox"/>
Signature	Date	
Please note staff will share information without consent if they are concerned about the welfare of the child		

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**

Name of Person Signing:

Signature: Date: