

## NURSERY APPLICATION FORM – HOLYWELL PRIMARY SCHOOL 2021 – 2022

### Child Details

<b>First name:</b>						
<b>Middle name:</b>						
<b>Family name:</b>						
<b>Date of Birth:</b>	/	/	<b>Gender:</b>		M/F	
<b>NHS number:</b>	_ _ _ / _ _ _ / _ _ _ _					
<b>Your relationship to the child:</b> (e.g. mother/father/carer/stepmother/father/ social worker)						
<b>Your child's permanent address (at time of application)</b>						
<b>Address:</b>						
<b>Special Educational Needs</b> <i>Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)? (Please provide evidence with this form)</i>						<b>Yes/No</b>
<b>At risk</b> <i>Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</i>						<b>Yes/No</b>
<b>Children in Public Care</b> <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order? (Please provide evidence with this form)</i>						<b>Yes/No</b>
<b>Social or medical reasons</b> <i>Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i>						<b>Yes/No</b>
<b>If you have a sibling at this school, enter their name and date of birth:</b>						
<b>Early years setting/s child attends or has attended (if applicable)</b>						
<b>Tick the days you want your child to attend:</b> <b>Your child may be entitled to 30 hours free childcare (see criteria attached)</b>						
	Monday 9 - 12	Tuesday 9 - 12	Wednesday 9 - 12	Thursday 9 - 12	Friday 9 - 12	Total Hours
AM						
All Day						
<b>If applying for 30 hours free childcare, please provide your HMRC 30 hour code:</b>						
<b>If you have any other requirements please enter here:</b>						

Please complete the details for both parents if living at the same address:

	Parent/carer 1 details	Parent/carer 2 details
Title:		
Forename:		
Surname:		
DOB:		
National Insurance Number:		
National Asylum Support Service (NASS) Number (if applicable):		
Email address:		
Telephone numbers	Daytime: Mobile:	Daytime: Mobile:
Address:		

I confirm that the details above are correct to the best of my knowledge.

Signature of parent/carer: