



## LADBROOKE JMI SCHOOL NURSERY APPLICATION FORM



PLEASE USE BLOCK CAPITALS						
<b>Child details</b>						
<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>Postcode:</b>						
<b>Special Educational Needs</b> <i>Does your child have an Educational Health and Care Plan (EHCP)?</i>						<b>Yes/No</b>
<b>At Risk</b> <i>Is your child, or 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?</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 child attends or has attended (if applicable)</b>						
<b>Tick the days you want your child to attend:</b>						
	Mond ay	Tuesday	Wednesday	Thursday	Friday	Total hours
AM						
All Day						

<b>If applying for 30 hours free childcare, please provide your HMRC code:</b>			
If you have any other requirements please enter here:			
<b>Please complete the details for both parents if living at the same address:</b>			
		<b>Parent/carer 1 details</b>	<b>Parent/carer 2 details</b>
<b>Title:</b>			
<b>Forename:</b>			
<b>Surname:</b>			
<b>DOB:</b>			
<b>National Insurance Number:</b>			
<b>National Asylum Support Service (NASS) Number (if applicable):</b>			
<b>Address:</b>			
<b>Email address (1):</b>			
<b>Email address (2):</b>			
<b>Telephone numbers</b>			
<b>Daytime:</b>		<b>Mobile:</b>	
<b>I confirm that the details above are correct to the best of my knowledge.</b>			
<b>Signature of parent/carer:</b>			
<b>SCHOOL USE ONLY:</b>	Date Received:		
	Proof of Date of Birth seen		
	Distance:		

## **DECLARATION**

The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for local authority purposes.

I agree to Ladbrooke JMI 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 separately for a place in reception.

Signature of parent/guardian: ..... Date: .....

**Thank you for completing this information. Please return to the school office by Monday 16<sup>th</sup> October 2017.**