

NURSERY ADMISSION FORM

ACADEMIC YEAR 2014-2015

If you wish to apply for a nursery education place in a Cambridgeshire nursery class or school, please complete and return this form to the nursery by the relevant deadline (available in this year's nursery policy). Please complete a separate form for each nursery you are applying to.

NOTES

- Admission to a particular primary school is not determined by attendance at a particular nursery.
- The Local Authority (LA) works closely with nurseries to ensure that information received is correct. Any parent giving incorrect information may have their offer of a place withdrawn.

1. YOUR CHILD

Family Name: First Name(s):

Home Address:

.....Postcode:

Nationality Male: ☐ Female: ☐ Date of Birth:

Is the child Looked After (i.e in the care of a local authority/fostered)? YES/NO

Are you eligible for maximum Working Families' Tax Credit or in receipt of unemployment benefit or income support? YES/NO

Does your child have any of the following:

- Special Educational Needs (as identified by a relevant education professional)? YES/NO
- A severe and long-term medical need? YES/NO

If you have answered yes to either of the above, you **must** provide further information on the back of this form or on a separate sheet, together with copies of all relevant supporting documentation. You should also provide contact details of the relevant professional(s), e.g. your child's medical consultant or paediatrician, whom we will contact for additional information.

The LA will, taking specialist advice, determine whether a medical or educational need is exceptional and therefore whether the child should be admitted under criterion 1 of the nursery admission criteria.

2. ADMISSIONS APPLICATIONS FROM OUTSIDE THE UK

Date of arrival in the UK:

Length of stay in the UK:

Reason for being in the UK:

You will need to provide confirmation that the child is yours and that he or she is entitled to education in this country. Please attach a photocopy of your child's passport.

3. YOUR DETAILS

Title: Mr/Mrs/Miss/Ms/Dr Initials: Surname:

Signature: Date:

Relationship to child:

Address (if different from section 1):

..... Postcode:

Home Telephone No Other Contact/Mobile No

Email Address:

Other Adult(s) with Parental Responsibility for the child. (Having parental responsibility for the child, means assuming all the rights, duties, powers, responsibility and authority that a parent of a child has by law).

(All adults with parental responsibility should sign this form, where possible.)

Title: Mr/Mrs/Miss/Ms/Dr Initials: Surname:.....

Signature: Date:

Relationship to child:

Address (if different from above):

..... Postcode:

4. YOUR PREFERENCE FOR A NURSERY

I wish my child to attend Nursery.

I wish to apply for Hours per week at this nursery.

I am also submitting an application form to Nursery to request
..... Hours per week at this nursery.

5. SIBLINGS - If there are other children living in the home who will be attending the nursery/school when this child starts, please complete this section.

NAME

.....

.....

DATE OF BIRTH

.....

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The information you provide here will be used by the County Council for the purposes of admissions only. If you have any queries regarding how this information will be used, please contact the Admissions Team, Box CC1206, Castle Court, Cambridge, CB3 0AP.

In order for your application to be considered, please take the completed application with the following documentation to the Nursery:-

- Proof of your home address ☐
- Proof of your child's date of birth ☐