



LADBROOKE JMI SCHOOL NURSERY APPLICATION FORM



PLEASE USE BLOCK CAPITALS						
Child details						
First Name:						
Middle Name:						
Family Name:						
Date of Birth:	/	/	Gender:	M/F		
NHS Number:	_ _ _ / _ _ _ / _ _ _ _					
Your relationship to the child: (e.g. mother/father/carer/ stepmother/father/ social worker)						
Your child's permanent address (at time of application)						
Postcode:						
Special Educational Needs <i>Does your child have an Educational Health and Care Plan (EHCP)?</i>						Yes/No
At Risk <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>						Yes/No
Children in Public Care <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>						Yes/No
Social or Medical Reasons <i>Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i>						Yes/No
If you have a sibling at this school, enter their name and date of birth:						
Early years setting child attends or has attended (if applicable)						
Tick the days you want your child to attend:						
	Mond ay	Tuesday	Wednesday	Thursday	Friday	Total hours
AM						
All Day						

If applying for 30 hours free childcare, please provide your HMRC code:			
If you have any other requirements please enter here:			
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):			
Address:			
Email address (1):			
Email address (2):			
Telephone numbers			
Daytime:		Mobile:	
I confirm that the details above are correct to the best of my knowledge.			
Signature of parent/carer:			
SCHOOL USE ONLY:	Date Received:		
	Proof of Date of Birth seen		
	Proof of Address 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 I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.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 8th March 2024 at the latest.

Please bring in, with this application, proof of child's date of birth (valid passport or birth certificate) and proof of current address (Photo driving licence or utility bill/bank statement in the last 3 months). Original documents only, no copies.

***GDPR:** The information gathered here will be used for admission procedures and used to confirm your eligibility for 30 hours funding through the early years funding portal. It will be held in the school office and will only be accessible to school staff working with your child. It will be shredded when your child leaves the nursery.*