



Darley Dene Primary School
NURSERY APPLICATION FORM
 Please complete as fully as possible

PUPIL INFORMATION			
Legal Surname	Legal Forename	Middle Name	Gender
			Male / Female
<ul style="list-style-type: none"> On acceptance of a nursery placement, the school will need to see the original birth certificate. 			Date of Birth*

PARENT/GUARDIAN INFORMATION			
Please give full name and titles of person(s) to whom all correspondence should be addressed. Proof of address may be required in the form of Child Benefit payment correspondence.		Please give full name and titles of person(s) with parental responsibility to whom duplicate copies of school information should be sent (if applicable).	
Full Name:		Full Name:	
*Address:		*Address:	
Postcode:		Postcode:	
Home Tel Number:		Home Tel Number:	
Mobile Number:		Mobile Number:	
Email Address:		Email Address:	
Relationship to Child:		Relationship to Child:	
*Note: if parents no longer live together please indicate which is the child's primary address			

INFORMATION TO HELP US CORRECTLY PROCESS YOUR CHILD'S APPLICATION

Under which admissions criteria are you applying for a nursery placement? Please tick as appropriate.

Please note if a box is not selected your child will be prioritised according to admission criteria below.

Criteria	Tick	Additional information required
Looked after and previously looked after children	<input type="checkbox"/>	Legal documents
Children who will have a sibling attending the nursery or the school at the time of admission	<input type="checkbox"/>	Name of sibling;
Children for whom the school/nursery is the nearest to their home address	<input type="checkbox"/>	N/A
Any other applicant	<input type="checkbox"/>	N/A

Please state your preference as to which session you would like your child to attend by placing an 'X' in the appropriate box below:

Note: preferences cannot be guaranteed as sessions are allocated subject to availability which may result in your child being offered a place at either option one or two of the session options outlined below:

1. Monday & Tuesday, 9.00 – 3pm and Wednesday, 9.00 – 12 noon	
2. Wednesday, 12.15 – 3.15pm, Thursday & Friday, 9.00 – 3pm	
3. Monday, Tuesday, Thursday and Friday 9.00 – 3pm and Wednesday 9.00 – 3.15pm	

<p>We normally have 3 intakes per academic year. Please indicate your preferred start date - January, April or September and year. <i>E.g. April 2020.</i></p> <p><i>*Places are subject to availability & we will not be able to guarantee a place can be offered for your preferred start date.</i></p>	
<p>Please state if you are interested in 5 full days per week (30 hours) if you are entitled to 30 hours due to your personal situation.</p>	<input type="checkbox"/> I am eligible for 30 hours funding Code:

PREVIOUS NURSERY INFORMATION (IF APPLICABLE)	
Name of current nursery	
Address of nursery	
Telephone number	
Dates attended	From: To:

<p>Any other useful information you feel the nursery would find relevant at this stage including details of external agencies involvement e.g. speech and language</p>

Please return to the school office when completed. We will confirm receipt of your application by email. Places for a new academic term will be offered by the previous half term – e.g. September places will be allocated by May half term. We will contact you when a place becomes available.

FOR OFFICE USE ONLY		
Offer made	Induction date	Start date