NURSERY APPLICATION FORM 2023 – 2024
Sheredes Primary School
Please return the original signed form for the attention of Mrs. Delahunty, school secretary, in the school office by 4:00pm on Friday 24th February 2023. Offer letters will be sent to you on Monday 6th March 2023.
Places will need to be accepted, in writing, by 16th March.

PLEASE USE BLOCK CAPITALS

Child details					
First name:					
Middle name:					
Family name:					
Date of Birth:	1 1		Gender:	M/F	
NHS number:					
Your relationship to the child: (e.g. mother/father/carer/ stepmother/father/ social worker)					
Your child's perr	manent address (at time	of applica	ation)		
Address:					
Special Educational Needs					
Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP) Yes/No					
At risk 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)				Yes/No	
Children in Public Care Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?				Yes/No	
Social or medical reasons Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)				Yes/No	
If you have a sib their name and c	ling at this school, enter late of birth:	•			
Early years settion or has attended					

		Overminent i unucu i	olace for either 5 mo	ornings or 5				
The decision whether to	afternoons.							
The decision whether to offer a morning or afternoon place lies with the School and is made								
after careful consideration of all factors.								
8:35 – 11:35		12:30	- 3:30	30 hours				
AM Nursery		PM No		entitlement				
Monday – Frid		Monday		Monday - Friday				
3 hours each day. Tota		3 hours each day.		8:35 – 2:35				
Diagram (international control		<u> </u>						
Please tick your prefere	ence choice and	i give a reason for yo	our cnoice.					
Please state if you wish	to extend your	30 hours continuou	s care from 2:35pm	to 3:30pm				
through paying £30 per	week for the ac	dditional time. Fees	are payable in adva	nce termly.				
Subject to availability,	olease state if v	ou wish to extend vo	our 15 hours mornin	a or 15 hours				
afternoon through payi								
£30 per week. Fees are			, ı	J				
		<u> </u>						
Please complete the de	tails for both pa	arents if living at the	same address:					
Please complete the de								
	tails for both pa Parent/carer 1 d		same address: Parent/carer 2 deta	ails				
				ails				
				ails				
				ails				
				ails				
Title:				ails				
Title: Forename:				ails				
Title:				ails				
Title: Forename: Surname:				ails				
Title: Forename:				ails				
Title: Forename: Surname: DOB:				ails				
Title: Forename: Surname: DOB: National Insurance				ails				
Title: Forename: Surname: DOB:				ails				
Title: Forename: Surname: DOB: National Insurance				ails				
Title: Forename: Surname: DOB: National Insurance Number:				ails				
Title: Forename: Surname: DOB: National Insurance Number: National Asylum				ails				
Title: Forename: Surname: DOB: National Insurance Number: National Asylum Support Service				ails				
Title: Forename: Surname: DOB: National Insurance Number: National Asylum Support Service (NASS) Number (if				ails				
Title: Forename: Surname: DOB: National Insurance Number: National Asylum Support Service				ails				

Address:				
Email addres	s:			
Telephone nu	umbers			
Daytime:			Mobile:	
I	confirm tha	nt the details abov	e are correct to	the best of my knowledge.
Signature of	parent/carer	·:		
OFFICE USE ONLY:		Date and time Received:		
		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 Sheredes Primary 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	narent/guardian:	Date:	
Olgilatal C Ol	parcity qual alari.	Date.	

Thank you for completing this information. Please return to the school office by hand or post by 24/02/2023.

Notes to parent

How the information on this form will be used:

By completing this form and signing the declaration you are agreeing for Sheredes Primary School, if they are oversubscribed, to check whether your child's details meet the school's published admission rules and if he/she can be offered a nursery place.

Any personal data collected will be treated as confidential under the principles of the General Data Protection Regulation (GDPR) 2018. We will not use the data for any other purpose, nor will we share your data with any third parties other than the Department for Education (for statutory reporting), Hertfordshire County Council departments who may from time to time send you advice, guidance and information relating to changes to early years provision and educational services that are relevant and/or of benefit to your child, and your local children's centre who support the local authority by assisting families to access the services that children are entitled to.

Children who have been adopted from care or are subject to a special guardianship order or a child arrangements order.

Eligibility will be based on your declaration that your child was formally a looked after child and on the evidence of their status e.g. a copy of the relevant order. This form and a copy of the relevant order should be seen by the school and they will confirm with Hertfordshire County Council that they have seen confirmation and enable a place to be offered under this criteria.