

**NURSERY APPLICATION FORM 2027-28****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 Thursday 11<sup>th</sup> February 2027. Offer letters will be sent to you on Monday 1<sup>st</sup> March 2027.

Places will need to be accepted, in writing, by 11<sup>th</sup> March.

**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)**

**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 sibling at this school, enter their name and date of birth:***

**Early years setting child attends or has attended (if applicable)**

**Children will be allocated a 15 hours Government Funded place for either 5 mornings or 5 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<br>AM Nursery<br>Monday – Friday<br>3 hours each day. Total: 15 hours |  | 12:30 – 3:30<br>PM Nursery<br>Monday – Friday<br>3 hours each day. Total: 15 hours | 30 hours<br>entitlement<br>Monday - Friday<br>8:35 – 2:35 |
|------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|-----------------------------------------------------------|

**Please tick your preference choice and give a reason for your choice.**

**Please state if you wish to extend your 30 hours continuous care from 2:35pm to 3:30pm through paying £30 per week for the additional time. Fees are payable in advance termly.**

**Subject to availability, please state if you wish to extend your 15 hours morning or 15 hours afternoon through paying £90 per week for the additional 15 hours, plus a lunch time charge of £30 per week. Fees are payable in advance termly.**

**Please complete the details for both parents if living at the same address:**

| Parent/carers 1 details                                        |  | Parent/carers 2 details |
|----------------------------------------------------------------|--|-------------------------|
| Title:                                                         |  |                         |
| Forename:                                                      |  |                         |
| Surname:                                                       |  |                         |
| DOB:                                                           |  |                         |
| National Insurance Number:                                     |  |                         |
| National Asylum Support Service (NASS) Number (if applicable): |  |                         |

|                                                                                  |                                |                |  |
|----------------------------------------------------------------------------------|--------------------------------|----------------|--|
| <b>Address:</b>                                                                  |                                |                |  |
| <b>Email address:</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>OFFICE USE ONLY:</b>                                                          | <b>Date and time Received:</b> |                |  |
|                                                                                  | <b>Distance:</b>               |                |  |

## **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 parent/guardian: ..... Date: .....

**Thank you for completing this information. Please return to the school office by hand, post or email by 11/03/2027.**

## **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.