



Gonville Application for a Nursery Place

(Please read the attached information sheet before completing this form)

CHILD AND PARENT DETAILS

Child's First Name:

Childs Surname:

Date of Birth:

Male

Female

Please tick box

Name of person with parental responsibility (parent/carer)

Surname:

Initial:

Mr

Mrs

Miss

Ms

(Please tick box)

Home address of child and parent/carer:

Postcode:

Telephone Numbers:

Home

Work

Email Address (please use clear capital letters) all communications will be sent via this email.

PREFERENCE FOR SESSIONS. Which session would you prefer, if it can be offered to you? Please circle **ONE**

MORNING SESSION YES / NO

AFTERNOON SESSION YES / NO

EITHER SESSION YES / NO

Please note that we will try to accommodate your preference but, in the case of oversubscription & subject to our admissions criteria, your child may be offered a place in an alternative session. We may be able to offer full-time places from 8:30am-2:30pm subject to availability and upon receipt of your HMRC eligibility code, please see Appendix A and circle for a **MORNING** session.

1. "LOOKED AFTER" CHILDREN/PREVIOUSLY LOOKED AFTER

Is the child named above is in public care (i.e. resides with a foster carer or is in a children's home)?

*Yes

No

(Please tick appropriate box)

*If "Yes", please provide the following details requested at points (a) (b) & (c):

If "No", please proceed to **question 3**.

(a) Name of assigned Social Worker:

Contact No:

(b) Local Authority with whom the child is in care:

(c) Date on which the child took up residence at the address quoted above:

2. MEDICAL – Serious medical condition.

The medical reasons must be verified by a GP or consultant and declared at the time of application if known at the time. The application must be supported by a letter from a hospital consultant and/or Family's GP.

Provide details of medical condition (please attach separate sheet if necessary)

I attach a letter of support from the person named below, who may be contacted about my application.

Name: Telephone No:

Address:

Professional status:

3. SIBLING PRIORITY

Please provide details of other children in the family that attend our Academy:

Name	Date of Birth	School attended
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. DECLARATION

I have read and understood the notes in the Information Sheet and the arrangements set out for the allocation of nursery places. I accept, in particular, that: -

- a) there is *no* guarantee that a place can be made available at this nursery/nursery class;
- b) the length of time that my child's name has been on the waiting list will not be taken into account when places are allocated;
- c) the offer of a place in a nursery class carries no guarantee of a reception class place in the same school in the following year.

Signature of Parent:

Date:

This form should be completed and returned to the school for which you are applying with the **child's birth certificate and proof of address.**

FORM TO BE RETURNED BY: THURSDAY 19 DECEMBER 2019.

FOR ACADEMY USE: Priority status to be granted to this child, if applicable:

'Looked after' child Medical Siblings Other

Information supplied may be used for registered purposes under the terms of the Data Protection Act 1998.