

# HUNTINGDON NURSERY SCHOOL

## ADMISSION FORM



Please take the completed application with the following documentation to the Nursery:-

Proof of your home address ☐ Proof of your child's date of birth ☐

### NOTES

- Admission to a particular primary school is not determined by attendance at a particular nursery.
- The Local Authority (LA) works closely with nurseries to ensure that information received is correct. Any parent giving incorrect information may have their offer of a place withdrawn.

### 1. YOUR CHILD

Family Name: ..... First Name(s): .....

Home Address: .....

.....Postcode:

Nationality ..... Male: ☐ Female: ☐ Date of Birth:

Home Language/s.....

Is the child Looked After (i.e in the care of a local authority/fostered)? .....YES/NO

Does your child have any of the following:

- Special Educational Needs (as identified by a relevant education professional)?.....YES/NO
- A severe and long-term medical need?..... YES/NO

If you have answered yes to either of the above, you **must** provide further information on a separate sheet, together with copies of all relevant supporting documentation. You should also provide contact details of the relevant professional(s), e.g. your child's medical consultant or paediatrician, whom we will contact for additional information.

### 5. Siblings

Please give names and dates of birth of any siblings who have attended the Nursery.

Name ..... Date of Birth .....

Name ..... Date of Birth .....

Name ..... Date of Birth .....

### 3. ADMISSIONS APPLICATIONS FROM OUTSIDE THE UK

Date of arrival in the UK:.....

Length of stay in the UK: .....

Reason for being in the UK: .....

.....

You will need to provide confirmation that the child is yours and that he or she is entitled to education in this country. Please attach a photocopy of your child's passport.

If you have any queries regarding how this information will be used, please contact the Education Welfare Benefits Team, Box Oct 1222, 2<sup>nd</sup> Floor Octagon, Shire Hall, Cambridge, CB3 0AP.

For office use only

Birth certificate, passport or ID card Number:

#### 4. YOUR DETAILS

Title: Mr/Mrs/Miss/Ms/Dr First Name: ..... Surname: .....

Signature: ..... \*Date of birth:

\*National Insurance Number:

\*National Assylum Seekers Reference:

Relationship to child: .....

Address (if different from section 1): .....

.....Postcode: .....

Home Telephone No .....Other Contact/Mobile No.....

Email Address: .....

Other Adult(s) with Parental Responsibility for the child. (Having parental responsibility for the child, means assuming all the rights, duties, powers, responsibility and authority that a parent of a child has by law).

**(All adults with parental responsibility should sign this form, where possible.)**

Title: Mr/Mrs/Miss/Ms/Dr First Name: ..... Surname: .....

Signature: ..... \*Date of birth:

\*National Insurance Number:

\*National Assylum Seekers Reference:

Relationship to child: .....

Address (if different from section 1): .....

.....Postcode: .....

Home Telephone No .....Other Contact/Mobile No .....

Email Address: .....

The sections marked \* are non-compulsory. If supplied, this information will be shared with Education Welfare Benefit Service, Cambridgeshire County Council, and other relevant bodies administering public funds, who collect and use information about you so that we can provide your child(ren) with entitlement to education benefits under The Education Act 1996.

By signing this form, I confirm I understand that data will be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

Full details about how we use this data and the rights you have around this can be found at [www.cambridgeshire.gov.uk/privacy](http://www.cambridgeshire.gov.uk/privacy). If you have any data protection queries, please contact the Data Protection Officer at [data.protection@cambridgeshire.gov.uk](mailto:data.protection@cambridgeshire.gov.uk)

#### 5. YOUR PREFERENCE FOR A NURSERY PLACE

I wish my child to attend ..... Nursery.

I wish to apply for ..... Hours per week at this nursery.

Are you eligible for funding for 2 year olds([www.cambridgeshire.gov.uk/free2s](http://www.cambridgeshire.gov.uk/free2s)), or for 30 hours funding for working families ([www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) )

Please tick Funded 2s ☐ 30 hours ☐

If you are eligible put you authorisation code here .....



HUNTINGDON NURSERY SCHOOL

Ambury Road

Huntingdon, Cambs

PE29 1AD

Tel: 01480 375216

Text In: 07860 063209

e.mail: [office@huntingdon-nur.cambs.sch.uk](mailto:office@huntingdon-nur.cambs.sch.uk)

Headteacher: Claire Palmer

Dear Parent/Carer

If you are applying for a place for your child please read the following information and complete the form.

Currently we offer the following options:

**15 hours a week**

Either 5 mornings a week 0845 - 1145 during term time

Or 5 afternoons a week 12.30 - 3.30 during term time

**30 hours a week**

5 days a week 9.00-3.00 during term time

We need to know if you are applying for 15 or 30 hours.

To find out if you will be eligible for 15 or 30 hours you need to register online at [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk). You can do this now, even if your child has not yet turned 3. If you are eligible for 30 hours you will be given an authorisation code. If you need assistance with this or do not have access to the internet you can call the childcare service Customer Interaction Centre on 0300 123 4097 and apply over the phone.

When you know your eligibility, please complete the correct section of the form attached. If you are eligible for 30 hours you will need to include your authorisation code on the form attached to this letter.

Please complete the form attached and return it with your application form.  
Yours sincerely

Claire Palmer, Headteacher.

Name of child

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Please complete the appropriate section

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I am/We are applying **15 hours** per week

I/We would prefer      mornings ☐      afternoons ☐

(We cannot guarantee your preference but will do our best to meet your first choice)

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I am/We are applying for **30 hours** per week

I have completed my online registration and my authorisation code is

.....

My Child's Date of Birth is .....

My National Insurance Number is .....

I/We give permission for Huntingdon Nursery School to use these details to verify the code on Cambs County Council Eligibility Checking Service.

I/We understand that Huntingdon Nursery School will offer these hours as 9.00-3.00 each week day during normal school term time.

(I/We wish to share the funded hours and have requested ..... hours per week from .....Nursery)

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Would you be interested in paying for additional sessions on top of the 15 hours funded for your child?

Yes      ☐      No      ☐

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Parent/Carer's Name .....

Signed .....

Date .....