



REQUEST FOR A SCHOOL NURSERY PLACE

When completed this form should be returned to OLD PARK PRIMARY SCHOOL.

Child's First Name	Child's Surname	Date of Birth			Male/ Female*
		Day	Month	Year	

1. Are there any other names used by your child? If so, please give details:			
2. Name of adult with parental responsibility:			
3. Relationship to the child:			
4. Your Home Address (including Postcode):			
5. Your contact number: Home: Mobile:			
6. Email Address:			
7. Does your child live with you at this address? If "No" please provide the address where your child lives:			
8. Name of person child lives with:			
9. Relationship to child:			
10. Is your child an asylum seeker/refugee?	Yes	No	
11. If you have arrived in Britain within the last 3 years, please state Month	Month:	Year:	

and Year of entry and include a copy of your child's passport and visa.

Supporting your child

a. Are you making this application on medical grounds?

Yes

No

b. During your child's 2 year check, were any concerns shared with you?

Yes

No

If yes, please state provide further information.:

Please give details of any other agencies (e.g, Social inclusion and Health) involved with your child:

c. Has your child been referred to, or seen by any external professionals? (e.g. speech and language, occupational therapy, CAMHS, Early Years Inclusion Support, Paediatrician)

Yes

No

If yes, please give details.

d. Does your child have an Education Health Care Plan (EHCP)?

Yes

No

e. Does your child have any special education needs?

Yes

No

If yes, please give details.

f. Do you consider your child to have a disability?

Yes

No

If yes, please state the nature of the disability:

Please give details of any other agencies (e.g, Social inclusion and Health) involved with your child:

Does your child have a brother or sister at Old Park Primary School?	Yes	No
If so, please give details:	Name:	Date of Birth:
Name of previous Provider (if applicable):	Dates From:	To:

Which session you would prefer your child to attend: Please indicate with a tick (✓)		
Morning (8.30am – 11.30am) <input type="checkbox"/>	Afternoon (12.30pm – 3.30pm) <input type="checkbox"/>	Either <input type="checkbox"/>
Do you require 30 hours if we can provide this?	Yes	No
Do you know if you are eligible for 30 hours? https://www.gov.uk/help-with-childcare-costs/free-childcare-and-education-for-2-to-4-year-	Yes	No
Would you require Breakfast Club? (starts at 7.30am or 7.45am)	Yes	No

Signature of Parent / Guardian: _____

Date: _____

Sandwell MBC policy of providing nursery education is based on the DfE Code of Practice for the provision of Free Nursery Education Places for Three & Four Year Olds. You are allowed to access up to 15 hours of nursery education at a maximum of two settings, however, you must not exceed the 15 hours entitlement. By signing this application form you agree to abide by the Councils Policy.

Signature:

Print Name:

Date:

If any of your contact details change, please inform the school immediately as we will be unable to offer you a place.

Data Processing Statement: The school is registered with the information Commissioners Office for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE. All data is processed in line with the EU General Data Protection Regulation (GDPR). For more information, view our policy on our website www.oldparkprimary.com

Office Use Only

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