**SHINFIELD INFANT AND NURSERY SCHOOL**

**NURSERY (F1) APPLICATION FORM**

**Please ensure you have completed all sections and submit all supporting documentation as failure to do this could delay your application being processed.**

**Please take time to read our F1 Admissions Policy that can be found on the school’s website**

**SECTION 1 CHILD’S DETAILS**

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| --- | --- |
| **Child’s surname** | **Date of birth** |
|  |  |
| **Child’s forename(s)** | **Gender (Please circle)** |
|  | **MALE / FEMALE** |

**SECTION 2 PARENT’S DETAILS**

|  |  |  |
| --- | --- | --- |
| **First parent/carer's name and title (living at same address as child)** | | **Relationship to child** |
|  | |  |
| **Does this person have parental responsibility for the child?** | | **YES NO** |
| **Home address** | | |
| **Postcode:** | | |
| **Which Local Authority do you pay your Council Tax to?** |  | |

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| **Contact telephone numbers (This number will be used by Shinfield Infant and Nursery School if you need to be contacted)** |
|  |
| **Contact Email Address: (All correspondence will be sent to this email address)** |
|  |

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| **Second parent/carer's name and title (living at same address as child)** | **Relationship to child** |
|  |  |
| **Does this person have parental responsibility for the child?** | **YES NO** |

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| **Does your child currently live at the above address?** | **YES NO** | |
| If YES, since when? | | |
| Are you moving? | | **YES NO** |
| If YES, please give new address    Expected date of move? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**SECTION 3 FURTHER INFORMATION**

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| --- | --- |
| **Please indicate below by ticking the relevant boxes if any of the following are relevant to your child and this application and attach any relevant supporting documentation** | |
|  | Does your child have an Education, Health and Care Plan? |
|  | Is your child in the care of a Local Authority (Looked After Child)?  If YES please state the name of the Local Authority:  ……………………………………………………………………………………………………………………… |
|  | Has your child been previously looked after but ceased to be so because they were adopted? |
|  | Has your child become subject to a child arrangements order or special guardianship order immediately following having been looked after? |
|  | Is your child known by the Local Authority to have identified additional needs and whose needs can be best met at this preferred setting?  If YES please state the name of the Local Authority:  …………………………………………………………………………………………………………………….…  Applications made under this criterion would need to be supported by supporting evidence from an appropriate professional, e.g. medical practitioner |
|  | Is the legal parent and guardian of your child a member of staff at Shinfield Infant and Nursery School?  If YES, please tick any boxes that apply:  The parent/guardian has a permanent contract to work at Shinfield Infant and Nursery School    The parent/guardian has been employed at the school for 2 or more years at the time of application for  the place  The parent/guardian has been recruited to fill a vacant post within Shinfield Infant and Nursery School. |
| **Does your child have a sibling in the same family unit who will be attending this Nursery, Shinfield Infant and Nursery School or Shinfield St Mary’s CE Aided Junior School when your child will enter Nursery? If yes please give details:** | |
|  | |
| **Additionally, does your child fulfil any of the following?** | |
|  | From a UK Service Personnel family |
|  | Gypsy, Roma or Traveller child |
|  | Refugee and asylum seeker child |
|  | Homeless child |
|  | Young carer |
|  | Children with special educational needs, disabilities or medical conditions (but without an Education Health and Care Plan) |
|  | Application being made on the grounds of serious medical or social need |
| **If you have ticked any of the above questions you must attach all relevant supporting information.**  **It may be necessary to forward your application to the Fair Access Panel.** | |
| **Does your child have any siblings in the same family unit already attending and continuing to attend this Early Years setting or linked school/s? If yes please give details:** | |
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**SECTION 4 CHOICE OF SESSIONS**

Core offer:

* Up to fifteen 30 hour full time funded places (for those eligible for the 30 hour funding) 8.30am -2.30pm.

Part time offer:

* Up to fifteen 15 hour funded places in the morning 8.30-11.30am
* Up to fifteen 15 hour funded places in the afternoon 12.30-3.30pm

Additional offer (once places have been allocated):

* For 30 hour places, there is an option to pay for an additional half hour between 2.30-3.00pm or an additional hour between 2.30 – 3.30pm
* For 15 hour morning and afternoon places, there is an option to pay for an hour’s lunch club between 11.30 - 12.30pm (limited number of spaces available)

Please note that if your preferred sessions are full, you may be offered alternative sessions.

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| --- | --- |
| **Please indicate your choices below by ticking the relevant boxes** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Preferred number of sessions (up to a maximum of five)** | | | | | | Monday | Tuesday | Wednesday | Thursday | Friday | |  |  |  |  |  |   I would like morning / afternoon / 30 hours (please circle or highlight one) | |
|  | With a 30-hour entitlement, I would like to pay for an extra half hour between 2.30 and 3.00pm |
|  | With a 30-hour entitlement, I would like to pay for an extra hour between 2.30 and 3.30pm |
|  | With a 15-hour entitlement, I would like to pay for the extra hour lunch club available |

**SECTION 5 DECLARATIONS**

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| **I understand that the information contained in this form is subject to GDPR *(General Data Protection Regulation)* and my personal data may be exchanged with other Local Authorities, Admissions Authorities, Schools and Government Agencies where necessary.**  **I understand that any offer of a Nursery place will be based on the information I provide being accurate and correct and that Shinfield Infant and Nursery School reserve the right to withdraw any Nursery place offered if I give false or misleading information.**  **I certify that I have parental responsibility for the child named on this form and that the information I have given is correct.**  **I have read and understood the admissions arrangements and have completed and submitted any additional forms which may be required.**  **I understand if I am applying for a Nursery place under the designated area criteria I will be required to supply proof of my address to Shinfield Infant and Nursery School to verify my home address. It is my responsibility to satisfy Shinfield Infant and Nursery School that I live at the address that is stated on the form.** |

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| --- |
| Name of Parent/Carer  Signature of Parent/ Carer Date |

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| **The fully completed form must be returned to the following address:**  Please provide evidence of your address in the form of a copy of a council tax bill, letter showing exchange/completion if you are moving to a new property or tenancy agreement on a rented property.  You can either provide a copy of your child’s birth certificate or passport when you submit your application or it must be provided once the offer of a place has been made.  **Scan and email to:**  [admissions@shinfield.wokingham.sch.uk](mailto:admissions@shinfield.wokingham.sch.uk)  **Or post to:**  Nursery Admissions,  c/o Shinfield Infant and Nursery School,  School Green,  Shinfield,  Reading,  Berkshire  RG2 9EH |