

FAIRLANDS PRIMARY SCHOOL NURSERY APPLICATION FORM 2024/25

PLEASE USE BLOCK CAPITALS				
Child's details:				
First Name				
Middle Name				
Family Name				
Date of Birth		/	/	Male / Female
NHS Number				
Child's permanent a	address at t	time of app	plication	
Address				
Special Educational Needs? (EHCP plan of Statement of Educational needs)		YES / NO		
Children in Public C			,	YES / NO
Social/Medical Need	d			YES / NO
Name of sibling, if a at Fairlands Primary				
Early Years setting ye child currently atten (if any)				
PLEASE TICK EITHER BOX A (15 HOURS APPLICATION) OR BOX B (30 HOURS APPLICATION)				
BOX A – 15 HOURS ONLY				
Children allocated 15 hours will be expected to attend either 5 mornings (8.30 -11.30) OR 5 afternoons (12.30-3.30)				
We cannot guarantee you a morning or afternoon session, however, if due to working, childcare or diagnosed medical reasons it is <i>essential</i> for your child to attend a particular session, please submit a detailed request in writing with this application form.				

BOX B – 30 HOURS ONLY HMRC CODE:					
Children allocated 30 hours will attend 8.30 – 3.30 term time only.					
The school only offers 30 x 30 hour places .					
IF ELIGIBLE, AN HMRC CODE MUST BE PROVIDED BEFORE WE CAN CONFIRM YOUR 30 HOUR PLACE. Pupils <u>cannot</u> be admitted for 30 hours childcare without this code as proof of eligibility and until the code has been verified by the school. If you do not provide an HMRC code, or are not eligible, but still require a 30 hour place, you agree to pay an hourly charge (cost to be confirmed nearer the start date), which will be payable two weeks in advance.					
If not allocated a 30 hour place, will you accept a 15 hour place: YES / NO					
We cannot guarantee you a morning or afternoon session, however, if due to working, childcare or diagnosed medical reasons it is <i>essential</i> for your child to attend a particular session, please submit a detailed request in writing with this application form.					
If entitled to 30 hours, but wish to split the provision with another setting or childminder, please add details of the other provider below:					
Provider:					
Contact Number:					
PLEASE COMPLETE DETAILS OF ALL ADULTS WHO HAVE PARENTAL RESPONSIBILITY FOR YOUR CHILD					

PLEASE COMPLETE DETAILS OF ALL ADULTS WHO HAVE					
PARENTAL RESPONSIBILITY FOR YOUR CHILD					
	Parent/Carer details 1	Parent/Carer details 2			
Title		·			
Forename					
Surname					
DOB					
Relationship to child					
NI Number					
Address					
Email address (print clearly)					
Contact Numbers	Home: Mobile: Work:				
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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 Fairlands 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 to be 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.

If applying for a 30 hour session, I agree to provide the HMRC code. If I do not provide an HMCR code, but still with for my child to attend for 30 hours, I agree to pay an hourly charge (cost to be confirmed nearer the start date), which will be payable two weeks in advance.

Signature of parent/carer	Date/

PLEASE RETURN THE COMPLETED APPLICATION FORM TO:

BY HAND OR POST: Fairlands Primary School

Pound Avenue Stevenage Herts SG1 3JA

BY EMAIL: signed and scanned copy to:

nurseryadmissions@fairlands.herts.sch.uk

Applications are considered on a 'first come, first served' basis

For office use only	Date application received
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