



Nursery Application for Camp primary & Nursery School

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PLEASE USE BLOCK CAPITALS

CHILD DETAILS

First name:

Middle Name:

Family Name:

Date of Birth:

NHS Number:

Your relationship to child: (e.g. mother/father/carer/stepmother/father/social worker)

Your child's permanent address at time of application

Address:

Postcode:

Children in Public Care Is your child looked after, or was previously looked after and is now adopted or with a child arrangement or special guardianship order?

Yes/No

At Risk Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? **Please provide evidence with this form.**

Yes/No

Social or Medical Reasons Do you have a particular medical or social need to go to this school? **Please provide evidence with this form.**

Yes/No

Special Educational Needs Does your child have a Statement of Special Educational Needs or Educational health and Care Plan (EHCP)?

Yes/No

If you have other children at this school, please enter their name and date of birth (DOB).

Name

DOB

Has your child attended or is attending an early years setting? Yes/No

Name of setting(s):

Choice of sessions

Tick below to select

Option 1

Morning 8:30 to 11:30am

Option 2

30 hour all day place, morning and afternoon

☐

If applying for a 30 hour place, please provide your HMRC code:

☐



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Parent details – Please complete the details for both parents even if living at the same address.		
	Parent/Carer 1 - details	Parent/Carer 2 - details
Full Name:		
DOB:		
National Insurance Number:		
National Asylum Support Service (NASS) Number (if applicable):		
Address:		
Email address: Important, this will be used to offer you a place.		
Telephone Numbers:	Mobile:	
	Home:	
I confirm that the above details are correct to the best of my knowledge. I agree that in applying for a place at Camp School Nursery, I understand that the school will be the primary provider for the universal 15 hours. The completion of this form does not guarantee a place in nursery.		
Signature of Parent / Carer:		
Office use ONLY		
Date received:		
Distance:		
Within usual age range for Nursery? YES/NO		