

# ELTON PRIMARY SCHOOL

## APPLICATION FORM FOR A NURSERY PLACE

*All information given on this form will be treated in confidence*

Child's present family name ..... Forenames .....

Child's legal surname if different .....

Address ..... Date of Birth .....

..... Sex .....

Post Code ..... Tel. No. ....

Emergency contact address/telephone No(s)  
.....  
.....

Mother's Full Name: ..... Father's Full Name: .....

(Address if different from above) (Address if different from above)

.....  
.....

Who does the child live with? .....

Who has parental responsibility under the Children's Act? .....

Languages spoken at home ..... Religion .....

Name & address of Doctor ..... Health Visitor ..... Social Worker .....

.....

.....

Other relevant information: (Please delete as appropriate)

Speech Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visual Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emotional/Behavioural Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Injections to date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18 month development check	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Any other further information

Is your child on the Child Protection Register or subject to a Care Order? Yes  No   
 Does your child receive support for special needs e.g Portage? Yes  No   
 Does your child have a statement of special needs? Yes  No   
 Is he/she in the process of being assessed? Yes  No

Does anyone within your home have physical, mental or other serious health problems or special needs? Yes  No   
 Are a refugee or seeking asylum seeker status? Yes  No   
 Do you receive Income Support? Yes  No   
 Do you have three or more children under six years of age? Yes  No   
 Has your child had any other nursery/pre-school experience? Yes  No

If so where? .....

Please enter below details of other children who are currently in primary school.

Child's name	Date of Birth	School

Which primary school do you wish your child to attend after nursery?

**1<sup>st</sup> Choice** ..... **2<sup>nd</sup> Choice** .....

Is your child's name on the waiting list for any other Nursery? Yes  No

Part-Time Nursery place preferred (please tick one)

Morning  Afternoon  No Preference

All 3 and 4 year old children are entitled to a free part-time place of 5 sessions of 2½ hours per week.

**IT IS ILLEGAL TO CLAIM A FREE PLACE AT MORE THAN ONE SETTING**

If you wish to add any further information, please do so below.

**DATA PROTECTION ACT 1998**

The Council maintains a Register Entry in respect of the purpose for which the information in this document is to be used. Personal data provided by you on this form is treated in confidence and complies with the requirements of the Act.

The information will not be used for any other purpose than that advised to you. The Council may, however, contact other organisations to verify the information you have provided on this form.

**OFFICIAL USE ONLY:**

Birth Certificate checked

Yes  No

UPN No.