|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE USE BLOCK CAPITALS** | | | | | | | | | | | | | | | |
| **Child details** | | | | | | | | | | | | | | | |
| **First name:** | |  | | | | | | | | | | | | | |
| **Middle name:** | |  | | | | | | | | | | | | | |
| **Surname:** | |  | | | | | | | | | | | | | |
| **Date of Birth:** | | **/ /** | | | | | | | **Gender:** | | **M / F** | | | | |
| **NHS number:**  **\_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_** | | | | | | | | | | | | | | | |
| **Your relationship to the child:**  (e.g. mother/father/carer/stepmother/stepfather/social worker) | | | | | | | |  | | | | | | | |
| **Home Address:**  **Your child’s permanent address (at time of application)** | |  | | | | | | | | | | | | | |
| **Special Education Needs**  Does your child have a Statement of Special Education Needs or Educational Health and Care Plan (EHCP)? | | | | | | | | | | | | 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 | |
| **Children in Public Care**  Is your child looked after, or was previously looked after & is now adopted, or with a child arrangements or special guardianship order? (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 supporting evidence with this form) | | | | | | | | | | | | Yes | | No | |
| If you have a sibling at this school please enter their name and date of birth: | | Name: | | | | | | | | | | | | | |
| DOB: | | | | | | | | | | | | | |
| Details of current Early Years setting if applicable | |  | | | | | | | | | | | | | |
| **NURSERY REQUIREMENTS** | | | | | | | | | | | | | | | |
| **AM Nursery Only** | Yes | | | No | | | **5 days a week from 8:45am to 11:45am** | | | | | | | | |
| **AM & PM**  **Nursery** | Nursery sessions are available for eligible 30 hours free childcare 8:45 to 2:45pm  Nursery sessions are available for additional paid hours. 11:45am to 2:45pm | | | | | | | | | | | | | | |
| I am eligible for 30 hours free childcare | Yes | | No | | Please provide your HMRC code: | | | | | | | | | | |
| I require additional paid pm sessions (£15.00 per session) | Yes | | No | | Monday | Tuesday | | | | Wednesday | | | Thursday | | Friday |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer 1 details | | | Parent/Carer 2 details |
| Title: |  | |  |
| Forename: |  | |  |
| Surname: |  | |  |
| DOB: |  | |  |
| National Insurance No: |  | |  |
| Address: |  | |  |
| Email Address: |  | |  |
| Mobile Tel: |  | |  |
| Home Tel: |  | |  |
| **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 Featherstone Academy using this information to consider my application for a nursery place. I understand that if any part of this completed application form is found 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.  Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (person with parental responsibility)  Thank you for completing this information. Please return to the school office, with supporting documentation where required, no later than 3:00pm on Monday 8th March 2021, or via email to [information@featherstoneacademy.co.uk](mailto:information@featherstoneacademy.co.uk). Applications received after this date will be considered in line with the ‘late application’ process.  We will email you with the outcome of your application by 3:00pm on Thursday 6th May 2021.  Notification letters will be posted to any application that has indicated that they do not have internet access.  I require a paper notification letter YES / NO | | | |
| **NOTES TO PARENT/CARER**  **How the information on this form will be used**  By completing this form and signing the declaration you are agreeing for Featherstone Academy, if they are oversubscribed, to check whether your child’s details meet the school’s published admission rules and if he/she can be offered a nursery place.  Any personal data collected will be treated as confidential under the principles of the Data Protection Act 1998. We will not use the data for any other purpose, nor will we share your data with any third parties other than the Department for Education (for statutory reporting). Staffordshire County Council departments who may from time send you advice, guidance and information relating to changes to early years’ provision and education services that are relevant and/or benefit to your child.  Children who have been adopted from care or are subject to a special guardianship order or a child arrangements order.  Eligibility will be based on your declaration that your child was formally a looked after child and on the evidence of their status e.g. a copy of the relevant order. This form and a copy of the relevant order should be seen by the school to enable a place to be offered under these criteria. | | | |
| OFFICE USE ONLY: | | | |
| Date Received: | |  | |
| Distance | |  | |
| Attached documents where relevant: | |  | |
| Any other information: | |  | |