



## Oakridge Nursery Application Form

Please note that completing this form does not guarantee a place at Oakridge Nursery School. Applications are considered in accordance with the Nursery Admissions policy, which is available from Oakridge Nursery School or on our website.

**This form must be completed by a person who has parental responsibility for the named child.**

### Child's details

Child's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male

Female

Child's permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

**Mother's full name** (Miss/Mrs/Ms): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

**Father's full name** (Mr): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

**Admission Criteria** Please tick all of the statements that apply to your child

Statement	Tick	Office use ONLY
A. This application is for a child who is 'looked after' by the children's services department (in accordance with section 22 of the Children's Act 1989)		
B. This application is for a child who has special educational needs such as hearing, visual difficulties, physical disabilities or a speech or language problem and for whom there is a recommendation for nursery education by a health professional, social worker, educational psychologist, area Inco, outreach worker or education welfare officer. (Please refer to our admission policy for further information.)		
C. Please tick each statement below that applies to the child		
<ul style="list-style-type: none"> <li>• A child that is a twin/triplet</li> <li>• Has no garden</li> <li>• From a one parent family</li> <li>• Is from a family of four or more children</li> <li>• Has Parent's under 20 years of age Parents date of birth required _____</li> <li>• Is in the sole care of Grandparents</li> <li>• Has two or more siblings under 4 years of age at time of admission</li> <li>• Has parents with disabilities</li> <li>• Has English as an additional language. Our home language is: _____</li> <li>• Is eligible for 2 year old early education funding</li> <li>• Is eligible for 30 hour free childcare <i>subject to confirmation of eligibility from the DfE</i></li> </ul>		
D. Has a sibling who has a disability that requires a significant amount of additional support. (Please provide evidence to support this statement)		
E. Has a sibling on roll at either Oakridge Infant and Nursery School or Oakridge Junior School at the time of admission  Child's full name: _____ Class _____  Child's full name: _____ Class _____		
F. Is the child of a staff member (Please refer to our admission policy for further information.)		

Please indicate which hours you would prefer for your child (in the term following your child's 3<sup>rd</sup> Birthday, they will be entitled to 15 hours a week free, 30 hours for eligible families and some 2 year olds may also be eligible to 15 free hours a week):

Day	8 - 12pm	9 – 12pm	8 - 3pm	9 - 3pm	12 –3pm	12- 4pm	8 – 4 pm	9- 4pm	Total hours
Monday									
Tuesday									
Wednesday						<i>Nursery closes at 3pm on Wednesday</i>			
Thursday									
Friday									
<b>Total hours attending for the week</b>									

When would you like your child to start (month & year)? \_\_\_\_\_

I believe that my child may be eligible for the 2 year old funding Yes  No

I believe my child may be entitled to the 30 hours free childcare Yes  No

**Privacy Notice**

At Oakridge Nursery School we take your privacy seriously and will only use the information provided on this form for the purpose of placing your child on our waiting list and to perform the admissions process. When a place is available, we will contact you. If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice)

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

I certify that the information I have given on this form is correct and to the best of my knowledge. I understand that any place offered may be withdrawn of I deliberately give false information.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Date form received: _____	Date place offered: _____
Date place accepted: _____	Date Child started: _____