Mrs A Mepstead
Headteacher
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W.www.lainesmeadprimaryschool.org.uk

Lainesmead Nursery Application Form

Your completion of this form enables the school to check if additional money (Pupil Premium) can be claimed from the Government.

1. Pupil Details:

Legal forename		Address:
Legal surname:		
Preferred name(if different):		
Date of Birth:		
Boy ☐ Girl ☐		
Ethnicity:		
Nationality:		
Country of birth:		
Religion:		
First language:		
Home language(s):		

2. Child's Parent(s)/Legal Guardian(s):

Contact 1 **Parental responsibility?** (Please circle) **Y/N**	**Contact 2** **Parental responsibility?** (Please circle) **Y/N**
Surname: Other Names:	Surname: Other Names:
Title: Mr/Mrs/Miss/Ms/Dr Relationship to pupil:	Title: Mr/Mrs/Miss/Ms/Dr Relationship to pupil:
National Insurance Number:	National Insurance Number:
National Asylum Support Service (If applicable):	National Asylum Support Service (If applicable):
Date of Birth:	Date of Birth:
Address:	Address:
Home number: Priority **Y/N**	Home number: Priority **Y/N**
Mobile number: Priority **Y/N**	Mobile number: Priority **Y/N**
Work number: Priority **Y/N**	Work number: Priority **Y/N**
Home e-mail:	Home e-mail:
**** Please note that the majority of the correspondence from the school will be sent via email,* it is therefore essential to provide an email address and inform us if this changes**	

Additional emergency contacts (in order of priority):

1. Name: Relationship to pupil: Telephone number:	**2**. Name: Relationship to pupil: Telephone number:	**3**. Name: Relationship to pupil: Telephone number:
Memorable Password (This will be used if anyone except a parent/carer named above is collecting your child)		

3. Siblings. Please tick all appropriate boxes and provide details:

☐ My child has a sibling(s) **at** Lainesmead Primary School	Sibling(s) Name
☐ My child has a sibling(s) **due to start** Lainesmead Primary School in September _____	Sibling(s) Name
☐ My child has a younger sibling(s) not yet at school/due to start school in September _____	Sibling(s) date of birth

4. Medical Needs/Dietary & Allergies/Special Educational Needs. Please use separate sheet if necessary

Does your child have any known allergies/dietary needs/medical conditions/other information which you think may be helpful? Examples include asthma, hypermobility, wears glasses, dairy intolerant etc.

Medical Needs:

Please Provide details:

Will your child need to have medicine kept in school? *Yes* ☐ *No* ☐

If yes, please give details_____

Child's registered doctor:

Registered Doctor	Address	Telephone Number

Dietary & Allergies: (e.g vegetarian/halal etc)

Please Provide details:

Special Educational Needs:

☐ My child has a EHCP (Education, Health & Care Plan)	Please provide details
☐ My child has Special Educational Needs but does not have a EHCP (Education, Health & Care Plan)	Please provide details
Additional information, not covered by the above, e.g. young carer, child's learning needs, parental assistance etc. Please give details:	

Travel Arrangements (Please Tick):

Walks		Bus		Taxi		Car	

5. Sessions Required (your child is able to start Nursery *the term after* they are 3 years old)

Requested start date_____ please choose one of the following options:

Option 1:

Morning 3 hour session 08.30am -11.30am	☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri (please select)

Or

Afternoon 3 hour session 12:30 – 3:30pm	☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri (please select)

Option 2:

6 hour session 08.30am – 2:30pm	☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri (please select)
Please note you will need to provide a packed lunch for your child or you can order a hot meal via Parentpay for £2.80 per meal per day.	

Option 3:

7 hour session 08:30am – 3:30am	☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri (please select)
Please note you will need to provide a packed lunch for your child or you can order a hot meal via Parentpay for £2.80 per meal per day. Additional charge of £5.20/hour will be charged if the hours requested go above your child's funding entitlement.	

6. Funding

Please confirm below which funding option will apply to you upon a place being offered/accepted for your child on the requested date

☐ 15 hour funded nursery space
☐ 30 hour funded nursery space
☐ Self-funded nursery space

Please provide the 11 digit validation code below for 30 hour funding – this will have been provided by Childcare Choices if you have been accepted for 30 hour funding:

7. Current Provision. Please state any current childcare arrangements.

☐ Nursery	Name: Dates Attended:
☐ Playgroup/Pre-school	Name: Dates Attended:
☐ Childminder/other childcare	Name: Dates Attended:

Has your child ever been/are currently under the care of a Local Authority	☐ Yes ☐ No
If yes, which Local Authority	

8. Primary School Provision. Please state which Primary School you will be applying for.

1st Choice	
2nd Choice	

9. Parental Consent:

Please tick one option below:

☐ I do NOT give permission for the school to use my child/children's photo for <u>any purpose</u>.
☐ I give permission for the school to use my child/children's photo in school <u>only</u> (in books/on displays).
☐ I give permission for the school to use my child/children's photo (along with their name) for <u>any purpose</u> (including the website/Facebook/Twitter).
☐ I give permission for the nursery staff to change/help with toileting.

9. Special Family Circumstances

If you feel you have any special family circumstances that should be considered with your application please contact the Headteacher or write a separate letter.

Does either parent receive any of the following – If yes please tick the relevant box below	✓
Universal Credit with an annual net earned income of no more that £4,700	
Income support	
Income based Jobseekers Allowance (IBJSA)	
Income related Employment and Support Allowance (IRESA)	
Support under Past VI of the Immigration and Asylum Act 1999	
The guarantee element of Personal Credit	
Child Tax Credit	
Working Tax Credit run-on	

If your answer the questions below in "yes", please tick the relevant box=	✓
Is your child a looked after child (LAC) i.e. in the care of, or provided with accommodation by a local authority?	
Has your child ceased to be looked after by the local authority because of adoption, a special guardianship order, a child arrangements order or a residence order?	
Are either or both parents regular members of HM forces and designated as personal category 1 or 2, in the Armed Forces of another nation and stationed in England or in receipt of a child pension from the Ministry of defence?	

Declaration:
I confirm that the details supplies are correct and accurate. I understand that my personal information is held securely and agree that the school can use the information provided to check for a claim for Pupil Premium by contact Strictly Education 4s, which will entitlement via a secure government website.

By signing this form I am confirming that I have read and fully understand the above declaration.

Name of Parent/Guardian 1: _____

Relationship to child: _____

Signature: _____

Date: _____

Name of Parent/Guardian 2:_____

Relationship to child: _____

Signature: _____

Date: _____

We collect, store and process your data in accordance with the General Data Protection Regulation. For more information, please read our Privacy Notice for Pupils & Parents which can be found on the Policies page of our website or alternatively you can visit http://www.lainesmeadprimaryschool.org.uk/privacynoticeparentspupils.html

Please return the completed form to:
Lainesmead Primary School and Nursery
South View Avenue
Swindon
SN3 1EA

Or email:
admin@lainesmeadprimary.co.uk