



## Application for a NURSERY place at WORTHINGTON PRIMARY SCHOOL

September 2019 Application DOB: 01/09/15 - 31/08/16 (Application Deadline: 28<sup>th</sup> January 2019)

### Personal Details (Please complete both sides of this form in Block Capitals)

|                |                |            |
|----------------|----------------|------------|
| Surname:       | Other Names:   |            |
| Address:       |                | Post Code: |
| Date of Birth: | Gender         |            |
| Religion:      | Home Language: |            |
| Ethnicity      |                |            |

### CHILD'S LEGAL PARENTS/GUARDIANS/CARERS

| Parent/Carer 1 <sup>st</sup> contact  | Parent/Carer 2 <sup>nd</sup> contact   |
|---|--|
| Surname:  | Surname:                               |
| Other Names:  | Other Names:                           |
| Date of Birth:  | Date of Birth:                         |
| National Insurance No:  | National Insurance No:                 |
| Relationship to child:  | Relationship to child:                 |
| Parental responsibility:  | Parental responsibility:               |
| Home address if different from child's  | Home address if different from child's |
| Telephone (home)  | Telephone (home)                       |
| Telephone (work)  | Telephone (work)                       |
| Telephone (mobile)  | Telephone (mobile)                     |
| <i>Please complete ALL boxes and contact us if your address changes, this can affect your application</i> |  |

### Email:

*Please note: offers of places will be sent by email, it is therefore essential to provide an email address and inform us if this changes.*

|   |                                |
|---|--------------------------------|
| My child has a Statement of Special Educational Needs (SEND) or and Education, Health and Care Plan (EHCP)<br>YES/NO                        | If yes, please provide details |
| My child has Special Education Needs but does not have a statement<br>YES/NO  | If yes, please provide details |
| Do any other children living in a family relationship at the same address already attend the nursery or school? If so please give names(s). |                                |

Has your child ever been or are they currently under the care of a Local Authority (Looked After)?  
YES/NO If yes, which Local Authority?

### Other Information

(Please answer all questions)

|  |        |
|--|--------|
| Is your child presently receiving any Nursery/playgroup provision?<br>If yes, state name of Nursery/playgroup: | YES/NO |
| Do you wish your child to attend this school when he/she reaches statutory<br>School starting age?             | YES/NO |

### Places required

Please state places you would prefer

|   |  |
|---|--|
| First preference  | <input type="checkbox"/> Full time, all week (5 sessions funded, 5 sessions charged)<br><br><input type="checkbox"/> Mornings only <input type="checkbox"/> Each morning plus some afternoons (please tick)<br><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri<br><br><input type="checkbox"/> Afternoons only <input type="checkbox"/> Each afternoon plus some mornings (please tick)<br><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri |
| Second preference   | <input type="checkbox"/> Full time, all week (5 sessions funded, 5 sessions charged)<br><br><input type="checkbox"/> Mornings only <input type="checkbox"/> Each morning plus some afternoons (please tick)<br><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri<br><br><input type="checkbox"/> Afternoons only <input type="checkbox"/> Each afternoon plus some mornings (please tick)<br><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri |
| Third preference  | <input type="checkbox"/> Full time, all week (5 sessions funded, 5 sessions charged)<br><br><input type="checkbox"/> Mornings only <input type="checkbox"/> Each morning plus some afternoons (please tick)<br><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri<br><br><input type="checkbox"/> Afternoons only <input type="checkbox"/> Each afternoon plus some mornings (please tick)<br><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri |
| <b>Five mornings or five afternoons are fully funded (free), additional sessions are paid for</b> |  |

This form should be read and completed in conjunction with our Nursery Admissions Policy which is available on our website. Please return the completed form to:

**The Head Teacher, Worthington Primary School, Worthington Road, Sale, M33 2JJ (0161 973 3504)**

**NOTE:** This nursery class serves all infant and primary schools in the area.

**Parents should note that admission into nursery does not guarantee a place in the main school**

Signed ..... Date.....  
(Please print name) .....

\*(Legal Parent/Guardian/Foster Parent/Carer/Corporate Parent) \* Please delete

|  |
|--|
| I/We <b>*DO/DO NOT</b> give consent for my/our child's image to be used: <span style="float: right;"><i>*Please delete</i></span><br>School Prospectus/Website, VLP (Edmodo) webcam/in the media/printed educational<br>publication/on a professional video that will later be sold to raise money for the school. |
|--|

|   |
|---|
| For office use only<br>Date received by school: |
|---|