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| http://www.signsbyyou.com/images/decals/140c/SDEPSL1/MASCOTS/OWL.gif | APPLICATION FOR NURSERY ADMISSION  SEPTEMBER 2020 |  |

**There is no automatic transfer from nursery to reception. Gaining a place in the nursery does not guarantee a place in the reception class.**

# Please read the guidance notes before completing this form. All forms must be returned by 3:30pm on

# 15 January 2020 directly to the school. If your form is received after this date it will only be considered after all those received on time. Please complete in block capitals and provide any documents requested on the application form.

**Following on from last year, the form is in two parts to reflect the change in council policy affecting the funding of a full time nursery place from September 2012. The council’s February 2010 Executive agreed to only fund full time place for vulnerable and disadvantaged children resident in Brent.**

### Part A: Pupil Information

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| **Forenames** |  | | | | | | **Office Use Only** |
| **Surname** |  | | | | | |  |
| Date of Birth | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ | | Gender (M/F) |  | | | Birth Cert. SeenYes No |
| Child’s Current Permanent Address |  | | | | | | Evidence SeenYes No |
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|  | | | | | |  |
|  | | | | | |
| Borough | |  | | | |  |
| **Postcode** |  | | Your Council Tax Reference | |  | | In catchment  Yes No |
|  | |  | | | | |  |
| Please list any brothers orsisters already at the school and who will continue to be in attendance on the date of admission (This includes step and/or half brothers and sisters resident at the same address – but not cousins) | Name | | | | | Date of Birth | Sibling connection  Yes No |
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| **Looked after Children/Previously Looked after Children**  Is your child in the care of a local authority or was previously in the care of a local authority prior to  adoption or becoming subject of a child arrangements or special guardianship order?  (If ‘YES’ the application must be made by the person with parental responsibility and/or a social worker and state which local authority and provide a letter )  If your child was previously in care please provide a copy of the child arrangements or special guardianship  papers or proof of adoption.  **Name of Social Worker**  **Contact Details** | | |  |  |  |  | | --- | --- | --- | --- | | **Yes** |  | **No** |  |   *(please tick as appropriate)* | | | | | Looked After  Yes No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Are there significant medical, social or special educational needs which you would like to be taken into account?** |  | | | | | | | | | | | | | | | | | | | | | | Social /Medical Needs  Yes No | | | | | | | |
| **All applications made under this criterion must be supported by a recommendation in writing from a recognised professional of senior status.** |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Part B: Applying for a funded full time nursery place for September 2020**  Please complete Sections 1 and 2 below noting that you will be asked to provide evidence of eligibility. **If the applicant is a looked after child as set out in Part A then they would be eligible for a funded full time place and do not need to complete Part B**  **Section 1: Residency in Brent**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Are you and your child currently living in Brent? (Tick Yes or No boxes) | **Yes** |  | **No** |  | | If this is not the same address as in Part A please provide the full address and postcode below | | | | | |  | | | | |   **Section 2(a): Income Support and other benefits**  Please indicate which of the following you currently receive   |  |  | | --- | --- | | **Criterion** | **Enter ‘Yes’ if currently in receipt of one these benefits** | | **Universal Credit with an annual household net earned income of no more than £7,400** |  | | **Income Support** |  | | **Income-based Job Seekers Allowance** |  | | **Income-related Employment and Support Allowance** |  | | **Support under part 6 of the Immigration and Asylum Act 1999** |  | | **The guaranteed element of State Pension Credit** |  | | **Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)** |  | | **Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2(b): Parent/Carer’s Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
| Parent’s Name & Date of Birth | **First Name** | | | | | | **Surname** | | | | | **Date of Birth DD:MM:YYYY** | | | | | | | | | | | | | | | | | | |
| Parent’s Name & Date of Birth **Address if different to child’s** |  | | | | | |  | | | | |  | | |  | |  | |  | |  | | |  | |  | |  | | |
|  | | | | | |  | | | | |  | | |  | |  | |  | |  | | |  | |  | |  | | |
| **Daytime Tel** |  | | | | | | | | | **Mobile Number** | | |  | | | | | | | | | | | | | | | | | |
| **National Insurance No** |  |  |  |  |  |  | |  |  |  | **NASS No** | | |  | |  | |  | |  | |  | | |  | |  | |  |  | |

### Before returning this form to the school please tick that you have:

### Answered every question in full 

### Included evidence of child’s age: *Original birth certificate/medical card/red book* 

Included evidence of your address: *1 original address proof; utility bill or bank statement within last 3 months* 

Included any evidence of special needs,where appropriate 

Included evidence for meeting Part B Section 2(a) criteria 

Signed the declaration 

### All forms must be returned by 3:30pm on 15 January 2020 to the school. If your form is received after this date it will only be considered after all those received on time. Offers of places will be made on 16 April 2020. Parents must write accepting any offer by 3:30pm on 30 April 2020.

**PLEASE NOTE:** **There is no right of appeal for nursery applications.**

**There is no automatic transfer from nursery to reception. Gaining a place in the nursery does not guarantee a place in the reception class.**

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| Privacy Policy You are providing your information to SCHOOL NAME, contact details.  Your information is collected for the purpose of allocating a nursery school place, administering the admissions process as set out in the guidance notes and preventing fraud or criminal offence or to ensure the safety of any child    The information may be shared with   * the current school (if any) * the school to which the pupil is to be admitted * other admission authorities so as to ensure that parents have provided consistent information and do not hold on to more than one offer of a place   Information shall be processed in adherence to your legal rights, including but not limited to the right to withdraw consent, right to copies of your information and right to be forgotten. If you are dissatisfied with the processing of your information,  you can raise your concern with the school’s data protection officer. You have a right to lodge a complaint  with the Information Commissioner’s Office www.ico.org.uk. |

### DECLARATION

### I hereby declare that to the best of my knowledge and belief the details I have given above are correct and I agree to notify the school in writing of any changes that arise. I understand that withholding information and/or giving false information could invalidate any subsequent offer of a place for my child. I give my permission for the Council/School to make any necessary checks to confirm information given that is relevant to the success of my application.

Signed (Parent/Carer) Date

Relationship to child

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| --- |
| OFFICE USE ONLY Part A Criterion Met 1  2  3  4  5   Part B Criterion Met 1  2   Offer Made Yes  No  Signed Date  Date Acceptance Received |