**Application Form for admissions to Highfield Nursery School**

Please provide your child’s birth certificate or passport when returning your application form

PLEASE PRINT IN CAPITAL LETTERS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s First Name/s: | Child’s Surname: | | Child’s Date of Birth: | |
| Male/Female | Is he/she a ‘Looked After’ child? (In Foster Care or on a care order)  Yes/No | | Siblings in School:  Yes/No | |
| Parent/Carer’s Full Name:  Mr/Mrs/Miss | Parent’s Date of Birth: | | Parent’s National Insurance Number: | |
| Full Address: | | | | Postcode: |
| Telephone Number: | | Email Address: | | |
| I would like my child to start at the age of (circle as appropriate): 2 / 3 | | | | |

Please indicate below the sessions you would like:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast  8am-9am (Paid for) |  |  |  |  |  |
| 9am-12noon |  |  |  |  |  |
| 12noon-3pm |  |  |  |  |  |
| 3pm-4pm  (Paid for) |  |  |  |  |  |

Funding eligibility criteria can be found on the information leaflet or our website.

**2 Year Funding**

Please indicate below if you will be claiming for 2 year funding for your child’s place

Government Support Funding 🗖 Working Parents Funding 🗖 Paying 🗖

If you are claiming 2 year old funding, you MUST provide all the necessary evidence along with your 2 year old funding ‘TYF’ reference number (starts TYF), Golden Ticket (starts GT) or working parents reference (starts 50)

Please state here your reference number ...........................................

**3 Year Funding**

All children will receive 15 hours of funding from the term after they turn 3. Some families are eligible for additional funding. Please indicate if you will be eligible for the 30 hours of funding. 🗖

Please state here your reference number (starts 50) ...........................................

Sessions are offered on date of birth order, as per our Admissions Policy which can be viewed on our website.

The above information is true to the best of my knowledge and belief. I understand if a place is offered on the basis of any false information given by me, the place can be withdrawn at any time by Highfield Nursery school. By signing I understand that if any sessions are not covered by the funding, including lunch and consumables, I will be expected to pay

|  |  |
| --- | --- |
| Parent/Carer Signature | Date |