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| **Whole Centre Logo2.pngApplication form for admissions to Highfield Nursery School** |
| Please read the Schools in Suffolk ‘a parents’ guide’. |
| 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? Yes/No(In Foster Care or on a care order) | Siblings in school: Yes/No |
| Parent/Carer’s Full Name: | Parent’s Date of Birth: | Parent’s National Insurance Number: |
| Full Address: |
| Telephone Number: | Email Address: |
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| Number of Funded Sessions (Maximum 5)Preference will be given to children wanting 5 sessions, unless this is part of a dual placement with a special school nursery. | The 15 hour government funded sessions we offer are as follows: |
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|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast8am-9am |  |  |  |  |  |
| 9am-12noon |  |  |  |  |  |
| 12noon-3pm |  |  |  |  |  |
| 3pm-4pm(Paid for) |  |  |  |  |  |
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| My child will be eligible for the 30 hours funding I would like my child to access the 30 hours funding(Please ask for the criteria if you are unsure)  |
| If you are not eligible for additional funding, any additional hours are charged at £6.16 per hour |
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| The Breakfast will be between 8am – 9am and will be an additional cost of £7.16Please tick the box to agree to pay this when your child accesses breakfast. |
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| The Lunch will be between 12pm - 1pm and will cost an additional £3.00Please tick the box to agree to pay this when your child accesses lunch. |
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| Please name any other pre-school or special school nursery which you child is/will be attending:....................................................... |
| The above information is true to the best of my knowledge and belief. I understand that if a place is offered on the basis of any false information given by me, the place can be withdrawn at any time by the Local Authority. |
| I authorise this school to claim for the sessions indicated above. |  |
| Parent of Carer's Signature: ................................................................... Date:......................................... |  |
| **Please return this form to the school to which you are applying.** |  |  |