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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: | | | | | | |
|  | | | |  | | | | | | |  |
| 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: | | | | | | | |
|  | | | |  | | | | | | | |
|  | Monday | | Tuesday | | | Wednesday | | Thursday | | Friday | |
| Breakfast  8am-9am |  | |  | | |  | |  | |  | |
| 9am-12noon |  | |  | | |  | |  | |  | |
| 12noon-3pm |  | |  | | |  | |  | |  | |
| 3pm-4pm  (Paid for) |  | |  | | |  | |  | |  | |
|  | | | |  | | | | | | |  |
| 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 | | | | | | | | | | | |
|  | | | |  | | | | | | |  |
| The Breakfast will be between 8am – 9am and will be an additional cost of £7.16  Please tick the box to agree to pay this when your child accesses breakfast. | | | | | | | | | | | |
|  | | | | | | | | |  | |  |
| The Lunch will be between 12pm - 1pm and will cost an additional £3.00 Please tick the box to agree to pay this when your child accesses lunch. | | | | | | | | | | | |
|  | | | | | | | | |  | |  |
| 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.** | | | | | | | | |  | |  |