



Bushey Heath Primary School

A vibrant school inspiring children to realise their potential

NURSERY APPLICATION FORM

KEY INFORMATION

Child's First Name (s)			
Child's Surname			
Known As			
Child's Permanent Address (at time of application)			
		Post Code	
Date of Birth			
Gender			
NHS Number			
Ethnicity		Religion	
First Language		Other Language (s) Spoken	
Sibling attending Bushey Heath Primary School <i>(please enter their name)</i>			
Children Looked After <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</i>	Yes	No	
SEN <i>Does your child have a Statement of Special Educational Needs or an Education Health and Care Plan (EHCP)?</i>	Yes	No	
Social or Medical <i>Does your child have a particular medical or social need to go to this school?</i>	Yes	No	
Forces Family	Yes	No	

PARENT / CARER 1	Relationship to the child			
	Parental Responsibility		Yes	No
Name				
National Insurance Number			Date of Birth	
Address				
			Post Code	
Email Address				
Telephone Number	Home		Mobile	
Place of Work				
Address				
			Post Code	
Telephone Number			Ext	
Able to Collect Child	Yes		No	

PARENT / CARER 2	Relationship to the child			
	Parental Responsibility		Yes	No
Name				
National Insurance Number			Date of Birth	
Address				
			Post Code	
Email Address				
Telephone Number	Home		Mobile	
Place of Work				
Address				
			Post Code	
Telephone Number			Ext	
Able to Collect Child	Yes		No	

Do any other individuals have Legal contact arrangements with the child?	Yes	No
If yes please provide details below and a copy of relevant documentation		

EMERGENCY CONTACTS OTHER THAN PARENTS / CARERS

CONTACT 1		Relationship to the child			
Name					
Address					
			Post Code		
Email Address					
Telephone Number		Home		Mobile	
CONTACT 2		Relationship to the child			
Name					
Address					
			Post Code		
Email Address					
Telephone Number		Home		Mobile	

MEDICAL DETAILS

Doctors Name				
Address				
		Post Code		
Telephone Number				
Health Visitor Name				
Address				
		Post Code		
Telephone Number				
Please list any medical conditions or allergies. Please use a separate sheet if necessary				
Does your child have any special dietary requirements, due to religious beliefs or allergies (please do not list likes or dislikes)				
I give permission for my child to participate in food tasting projects at the school			Yes	No

Are there any other services involved with the child or family?				
Family Nurse	Yes	No	Date involvement commenced	
Name				
Telephone Number				
Social Worker	Yes	No	Date involvement commenced	
Name				
Telephone Number				
Speech and Language	Yes	No	Date involvement commenced	
Name				
Telephone Number				
CAHMS	Yes	No	Date involvement commenced	
Name				
Telephone Number				
Any Other Service	Date involvement commenced			
Main Service Provided				
Main Contact Name				
Main Contact Number				

IMMUNISATIONS – please tick if your child has been vaccinated against the following

	Yes	No		Yes	No
Diphtheria			Tetanus		
Hib			Mumps		
Measles			Rubella		
Polo			Whooping Cough		
Details of other vaccinations					
Has your child had any infectious diseases?		Yes		No	
If yes please give details					

MEDICAL TREATMENT

I hereby given consent for the staff of Bushey Heath Primary School to:			
Administer emergency first aid		Yes	No
Seek emergency medical and dental attention including hospital treatment if it is deemed necessary		Yes	No
To apply a plaster when necessary		Yes	No
Signature		Date	

SCHOOL TRIPS

I hereby given consent for the staff of Bushey Heath Primary School to:			
To take my child on local visits and trips		Yes	No
To travel on a coach or bus		Yes	No
To travel on public transport		Yes	No
Signature		Date	

PHOTOGRAPHS / VIDEOS

I hereby given consent for the staff of Bushey Heath Primary School to:			
Photograph my child and for those photographs to be used in my child's file and displays around the school		Yes	No
Use photographs of my child taken at Bushey Heath Primary School in another child's file or diary (as a group)		Yes	No
Use photographs of my child in newsletters or on the school website		Yes	No
Use photographs of my child for advertising purposes		Yes	No
Signature		Date	

SHARING INFORMATION

I hereby given consent for the staff of Bushey Heath Primary School to:		
Share information about my child with other agencies such as: Speech and Language, Health Visitors, Special Educational Need Support	Yes	No
Signature		Date
Please note staff will share information without consent if they are concerned about the welfare of the child		

PREVIOUS SCHOOL / SETTING

School / Setting Name		
From		
To		
Address		
		Post Code
Telephone Number		

REQUEST FOR ADDITIONAL HOURS (INCLUDING 30 HOURS FREE CHILDCARE FUNDING)

I am interested in additional hours	Yes	No
I am eligible for 30 hours free childcare funding <i>To check if you are eligible please go to www.childcarechoices.gov.uk</i>	Yes	No
I am not eligible for 30 hours but interested in self-funding additional hours	Yes	No

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for local authority purposes.

I agree to Bushey Heath Primary School using this information to consider my application for a Nursery place. I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.

I understand that the completion of an application form does not guarantee a place in the Nursery class.

I understand that, if offered a place in the Nursery class I will have to apply separately for a place in Reception.

PLEASE NOTE

How the information on this form will be used:

By completing this form and signing the declaration, you are agreeing for Bushey Heath Primary School, if they are oversubscribed, to check whether your child's details meet the school's published admission rules and if he / she can be offered a nursery place.

Any personal data collected will be treated as confidential under the principles of the Data Protection Act 1998. We will not use the data for any other purpose, nor will we share your data with any third parties other than the Department for Education (for statutory reporting), Hertfordshire County Council departments who may from time to time send you advice, guidance and information relating to changes to early years provision and educational services that are relevant and / or of benefit to your child and your local children's centre who support the local authority by assisting families to access the services that children are entitled to.

Children who have been adopted from care or are subject to a special guardianship order or a child arrangements order.

Eligibility will be based on your declaration that your child was formally a looked after child and on the evidence of their status e.g. a copy of the relevant order. This form and a copy of the relevant order should be seen by the school and they will confirm with Hertfordshire County Council that they have seen confirmation and enable a place to be offered under this criteria.

Thank you for completing our Nursery Application Form.
Please return to the school office by Friday 15 February 2019

Name of person signing	
Signature	
Date	

Please ensure you include your child's birth certificate and proof of address along with the application form as we are not able to process the application without these.

OFFICE USE ONLY

Details of placement	
Date received	
Date acknowledged	
Birth Certificate	
Proof of address	