Arbor	
Spreadsheet	
Distance	

NURSERY APPLICATION FORM: COATES WAY SCHOOL

	PL	EASE USE	BLOCK CAP	ITALS		
Child details						
First name:	,					
Middle name:				,		
Family name:						
Date of Birth:		1,	1	Gender:	M/I	
NHS number:					/_	
Your relationship to stepmother/father/ soc		. mother/fath	er/carer/			
Your child's permane		at time of ap	plication)			
Address:						
Special Educational Needs Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)? (Please provide evidence with this form) Yes/No			Vo			
At risk Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form) Yes/No			Vo			
Children in Public Care Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements guardianship order? (Please provide evidence with this form)						
Social or medical reasons Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form) Yes/No		No				
If you have a sibling at this school, enter their name and date of birth:						
Early years setting child attends or has attended (if applicable)						
Tick the days you want your child to attend: At Coates Way your child can have 5 mornings core entitlement. Your child may be entitled to 30 hours free childcare (see criteria attached)						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
AM 8.50 – 11.50am						15
All Day 8.50am – 3.00pm				1		30
If applying for 30 hours free childcare, please provide your HMRC 30 hour code:						
If you have any other please enter here:						
Please complete the	details for bo	th parents if	f living at the	same address	s:	

	Parent/carer 1 details	Parent/carer 2 details
Title		
Title:		
Forename:		
Surname:		
Relationship to applicant		
	Home	Home
Telephone numbers	Mobile	Mobile
Email address		
Address:		
National Insurance Number. (this is needed to apply for Nursery funding)		
Email address: (Offer letters will be mailed)		
	details above are correct to th	ne best of my knowledge.
Signature of parent/carer:		
	to a support for the angles of	

Please list below the settings you have applied for in order of preference:

	Name and address of setting	
1st choice		
2 nd choice		
3 rd choice		
4 th choice		

Please note liaison may take place with other settings you have applied for.

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 Coates Way 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.

Signature of parent/guardian: Date:

Thank you for completing this information.

Please return to the school office by Friday 1st March 2024

Any application received after this date will be classed as a late entry and will reduce your chance of getting a school of your choice.

Notes to parent

How the information on this form will be used:

By completing this form and signing the declaration you are agreeing for Coates Way 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.

OFFICE USE ONLY:	Date Received:	
	Distance:	