NURSERY APPLICATION FORM: BROADFIELD ACADEMY

PLEASE USE BLOCK CAPITALS								
Child details	į.							
First name:								
Middle name	2:							
Family name	e:							
Date of Birth:		/	/		Gender:		M/F	
NHS number:						/	/	
Your relationship to the child: (e.g. mother/								
father/carer/stepmother/father/social worker)								
Vour child's	norm	anent address (at	time of	annlica	ıtion)			
Total Gatta's	pernu	anen ada ess (ac	unite of	иррис	шого			
Address:								
2 : 1 = 1								
Special Educ		ial Needs ave a Statement of .	Special	Educati	anal Needs	<i>~</i>	Yes/No	
U		we a Statement of . h and Care Plan (Ei	,				1 es/ NO	
evidence with		•	,0, ,. (,	ricase p	no viac			
At risk	•	,						
		sibling of your chi	U	U			Yes/No	
,	,	an and has been pl			ild Protectio	n		
Register? (Please provide evidence with this form) Children in Public Care								
			viouslu	looked	alter and is		Yes/No	
Is your child looked after, or was previously looked after and is Now adopted, or with a child arrangements or special Yes/No						103,110		
,		er? (Please provide e		,				
Social or me								
U	,	rticular medical or s		U			Yes/No	
school? (Please provide supporting evidence with this form)								
If you have	a sibl	ling at this school,						
0 0		and date of birth:						
Farlu usares	cattin	a /a ahild attanda .	~~~					
Early years setting/s child attends or has attended (if applicable)								
	(-рричино)						
If you are claiming the additional 15								
hours with another provider, please give details of the provider and their								
address and telephone number:								
_		_						
If you have any other requirements								
please enter here:								
ī								

Please complete the details for both parents if living at the same address:						
		Parent/carer 1	details	Parent/carer 2 details		
Title:						
Forename:						
Surname:						
DOB:						
National Insurance Number:						
National Asylum Support Service (NASS) Number (if applicable):						
Address:						
Email address:						
Telephone nu	mbers					
Daytime:	Daytime:		Mobile:			
I co	nfirm tha	t the details abov	ve are correct to	the best of my knowledge.		
Signature of parent/carer:						
Please list bel	ow the se	ttings you have a	pplied for in or	der of preference:		
		Name and Addres	ss of Setting			
1 st 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 Broadfield Academy using this information to consider my application for a nursery place. I understand that if any part of this completed application form is found to be 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 at Broadfield Academy by Friday 26th February 2021 – 9am

You must include a copy of two recent (within the last 3 months) forms of address evidence if you do not have any other children at our school or have moved recently. We cannot process an application without this documentation.

Any application received after this date will be classed as a late entry and will reduce your chance of getting a Nursery place at Broadfield Academy.

Notes to parents

How the information on this form will be used:

By completing this form and signing the declaration you are agreeing for Broadfield Academy, 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:	
	Proof of Address:	
	Distance:	