**APPLICATION FOR A PLACE AT EAST MARKHAM PRIMARY SCHOOL**

**MAINTAINED NURSERY SCHOOL**

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| 1. **SCHOOL / SETTING REQUIRED** | | | | | | | | | |
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| Name of Establishment: | |  | | | | | | |  |
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| When would you like your child to start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |
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| Name of pre-school provision/nursery your child is currently attending | | |  | | | | | |  |
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| Sessions Preferred: **(Please tick)** | | | | | | | | | |
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|  |  | | MON | TUE | WED | THUR | FRI |  | |
|  | **MORNINGS 8.30am – 11.30am** | |  |  |  |  |  |  | |
|  | **AFTERNOONS 12.30pm – 3.30pm** | |  |  |  |  |  |  | |
|  | **Full Day 8.30am – 3.30pm** | |  |  |  |  |  |  | |
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| ***From the term following your child’s 3rd birthday, he or she will be eligible for up to 15 hours of free government funded early years sessions. This equates to a morning or afternoon place.***  ***Please tick*** □ ***if you meet government guidelines and are entitled to a \*30 hour free childcare place***  ***8.30am – 3.30pm*** ***(Lunch is 11.30am – 12.30pm (£2.80 if you choose to have a school meal)***  ***Once a place has been allocated we will be in touch to discuss your sessions.***  ***From September 2022 fees are £13.10 per 3-hour session with a £5.00 ‘link’ charge should you wish to take up a full-time place (total £31.10 for a 7 hour day inc £5.00)***  ***We have some flexibility to add additional sessions to a morning or afternoon place. Please get in touch to discuss this directly.*** | | | | | | | | | |
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| 1. **CHILD DETAILS** | | | | | | | | | | | | | | | | | | | | | | | |
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| Surname: | | |  | | | | | Forename(s): | |  | | | | | | | | | | | | |  |
|  | | |  | | | | |  | |  | | | | | | | | | | | | | |
| Male | □ | | Female | | □ | | *(tick a single box)* | | Date of Birth: | | |  | | | | | | | | | | |  |
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|  | | | | | | | | **(Please provide evidence of date of birth eg copy of birth certificate)** | | | | | | | | | | | | | | | |
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| Child's address: | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | | | | Postcode: | | | |  | | | | | | | |  |
| Child's home language | | | | | |  | | | | | | | | | | | | | | | | |  |
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| **Is / does the child?** | | | | | | | | | | | | | | | | | | | | | | | |
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| - In public care (looked after) | | | | | | | | | | | | | | | Yes | | □ | | | No | | □ | |
| - Known to Children's Integrated Services (Social Worker) | | | | | | | | | | | | | | | Yes | | □ | | | No | | □ | |
| - Statemented for Special Educational Needs / EHC Plan | | | | | | | | | | | | | | | Yes | | □ | | | No | | □ | |
| - Known to the Educational Psychology Service | | | | | | | | | | | | | | | Yes | | □ | | | No | | □ | |
| - Have a disability | | | | | | | | | | | | | | | Yes | | □ | | | No | | □ | |
| - Have an illness | | | | | | | | | | | | | | | Yes | | □ | | | No | | □ | |
| ***(If you tick yes in any box, please note sections 5 and 6 of this form.)*** | | | | | | | | | | | | | | |  | |  | | |  | |  | |
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| 1. **SIBLINGS** | | | | | | | | | | | | | | | | | | | | | | | |
| *These are defined as brothers, sisters, half brothers, half sisters, step brothers, step sisters, adopted and fostered children living with the same family at the same address (at the time of admission).* | | | | | | | | | | | | | | | | | | | | | | | |
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| Surname | |  | | | | | Forename(s) |  | | | | | DoB |  | | | | □ | | | □ | | |
| Surname | |  | | | | | Forename(s) |  | | | | | DoB |  | | | | □ | | | □ | | |
| Surname | |  | | | | | Forename(s) |  | | | | | DoB |  | | | | □ | | | □ | | |
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| 1. **PARENTS / CARERS DETAILS** | | | | | | | | | | | | | | | | | | | | |
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| Surname: | | |  | | | | | Forename(s) | | | | |  | | | | | | |  |
| Address:  *(if different from child's)* | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Postcode: | | | |  | |
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| Contact  details: | | Email | |  | | | | | | | | | | | | | | | |  |
| Telephone No | |  | | | | | | Mobile | |  | | | | | | | |
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| Surname: | | |  | | | | | Forename(s) | | | | |  | | | | | | |  |
| Address:  *(if different from child's)* | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | Postcode: | | | |  | |
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| Contact  details: | | Email | |  | | | | | | | | | | | | | | | |  |
| Telephone No | |  | | | | | | Mobile | |  | | | | | | | |
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| 1. **MEDICAL, SOCIAL OR WELFARE CIRCUMSTANCES OF THE CHILD OR THE FAMILY**   **(These will be treated in strict confidence)**  **PLEASE CONTINUE ON A SEPARATE SHEET OR SUBMIT SUPPORTING EVIDENCE IF REQUIRED.** | | | | | | | | | | | | | | | | | | | | |
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| **(Please state any information which you think is relevant or attach a written statement if available).** | | | | | | | | | | | | | | | | | | | | |
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|  | **Name** | | |  | **Designation**  (eg doctor/health visitor) | | | |  | | **Address** | | | | | |  | | **Telephone No.** | |
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| 1. **GENERAL** | | | | | | | | | | | | | | | | | | | | |
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| The admission criteria for Nottinghamshire maintained nursery schools is available at East Markham Primary School and on the Nottinghamshire County Council website at https:Nottinghamshire.gov.uk/education/school-admissions  Please complete and sign this form and attach any other information which you feel is relevant. You should return it to the School Office at East Markham Primary School. | | | | | | | | | | | | | | | | | | | | |
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| 1. **SIGNATURE(S)** | | | | | | | | | | | | | | | | | | | | |
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| **Print Name (in full)** | | | | | |  | **Signed** | | | | | | | |  | **Date** | | | |  |
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| **I/we acknowledge that the information given on this form is accurate.** | | | | | | | | | | | | | | | | | | | | |

The Data Protection Act 2018 and GDPR are laws that are designed to protect and maintain personal identifiable information. When we are in possession of personal information we will protect it and aim to keep service user information safe, abide by the law in respect of handling personally identifiable information, and respect the wishes of service users who do not want us to share their information.