** 621 EARLY YEARS APPLICATION FORM**

**PARKSIDE COMMUNITY PRIMARY SCHOOL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE USE BLOCK CAPITALS** | | | | | | | | | | | | | |
| **Child details** | | | | | | | | | | | | | |
| **First name:** | |  | | | | | | | | | | | |
| **Middle name:** | |  | | | | | | | | | | | |
| **Family name:** | |  | | | | | | | | | | | |
| **Date of Birth:** | | **/ /** | | | | | | | | **Gender:** | | | **M/F** |
| **NHS number:** | | | | | | | | | | **\_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_** | | | |
| **Your relationship to the child:** (e.g. mother/father/carer/ stepmother/father/ social worker) | | | | | | | | | |  | | | |
| **Your child’s permanent address (at time of application)** | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ***Special Educational Needs***  *Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?* | | | | | | | | | | | | | ***Yes/No*** |
| ***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*** |
| ***Children in Public Care*** *Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?* | | | | | | | | | | | | | ***Yes/No*** |
| ***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*** |
| ***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)** | | | | | | |  | | | | | | |
| **Please circle below when you would like your child to attend:** | | | | | | | | | | | | | |
| **Monday – Friday mornings only (8.45am – 11.45am)** | | | | | **Monday – Friday afternoons only (12.15pm – 3.15pm)** | | | | | | | **Monday – Friday all day**  **(8.45am – 3.15pm)** | |
| **If applying for 30 hours free childcare, please provide your HMRC code:** | | | | | | | | |  | | | | |
| If you have any other requirements  please enter here: | | | | | |  | | | | | | | |
| **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 numbers** | | | | | | | | | | | | | |
| **Daytime:** |  | | | | | | | **Mobile:** | | |  | | |
| **I confirm that the details above are correct to the best of my knowledge**. | | | | | | | | | | | | | |
| **Signature of parent/carer:** | | | | | | |  | | | | | | |
| **OFFICE USE ONLY:** | | | | **Date Received:** | | |  | | | | | | |
| **Distance:** | | |  | | | | | | |

**RETURN FORM TO:** Parkside Community Primary School, Aycliffe Road, Borehamwood, Herts, WD6 4EP Tel: 02083873000 email: [admin@parkside.herts.sch.uk](mailto:admin@parkside.herts.sch.uk)

**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 **Parkside Community 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.

Signature of parent/guardian: ………………………… Date: ………..…………

**Notes to parent**

**How the information on this form will be used:**

By completing this form and signing the declaration you are agreeing for **Parkside Community 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.