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| For Office use:  Added to WL date: |

**Little Hayes and Speedwell Nursery Schools Federation - application form**

Little Hayes Nursery School Speedwell Nursery School

Symington Road Speedwell Road

Fishponds Speedwell

Bristol BS16 2LL Bristol BS5 7SY

0117 9030405 0117 9030329

[littlehayesn@bristol-schools.uk](mailto:littlehayesn@bristol-schools.uk) [speedwell.n@bristol-schools.uk](mailto:speedwell.n@bristol-schools.uk)

**PERSONAL DETAILS***:* ***Information entered is treated in confidence***

Child’s forenames: Surname:

Male: [ ] Female: [ ] Prefer not to say: [ ] Date of Birth:

Home address:

Postcode: Contact Tel Number:

1. Parent/carers name: National Insurance No:

Email address: Mobile number:

2. Parent/carers name: National Insurance No:

Email address: Mobile number:

Which languages are spoken at home:

**Are you applying as:** **ALL OUR PLACES ARE SCHOOL TERM TIME ONLY**

Funded Eligible 2-year-old [ ]

Working family funded 2-year-old [ ]

Universal 3-year-old 15hr [ ]

Extended 3-year-old 30 hr (subject to eligibility) [ ]

**Do you have an eligibility code**? [Yes] [No] **Please enter below if you have one.**

Funded eligible 2-year-old code: Working family funded 2-year-old code: Extended 3-year-old 30-hour code:

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name** | **Date of birth** | **School** | **Relationship** |
|  |  |  |  |

**Please enter details of other children that have attended Little Hayes or Speedwell Nursery School:**

**Which site and sessions would you prefer your child to attend? We will endeavour to offer your first choice; however, it may not be possible.**

**LITTLE HAYES Nursery School [ ] SPEEDWELL Nursery School [ ]**

[ ] Option A - Monday, Tuesday (8.30-2.30), Wednesday (8.30-11.30)

[ ] Option B - Wednesday (12.30-3.30), Thursday, Friday (8.30-2.30)

[ ] Option C - Monday to Friday (8.30-2.30) (30 hours subject to eligibility)

**Is your child attending any Early Years groups at the moment?**

**If so, which one?**

**Are you interested in paying for additional day care** [Yes] [No]

**Would you like any additional support regarding your child’s development, speech & language or health needs?**

**Are you currently working with any other professionals, Health Visitor, Social Worker, Speech & Language therapist etc?**

**How did you hear about us? Recommendation**[ ] **Website**[ ] **Facebook**[ ] **Other**[ ]

**Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.**

**I understand that completing this form does not guarantee my child a place in the Nursery.**

**Signature:**

**Date:**

**FOR OFFICE USE ONLY:**

**Date entered onto waiting list: Initials: Home Visit Date: Proposed start date: Date entered onto SIMS: Initials:**