2021/ 2022 APPLICATION FOR 2 YEAR OLD ENTRY AT CHIPSTEAD VALLEY PRIMARY SCHOOL NURSERY

(For parents / carers whose child will become 2 years old between 1st September 2020 and 31st August 2021)

Child and parent/carer details

Child's				Child's	first		
surname:			name:				
Date of birth:				Male / female			
		poken at h	ome:				
	Be(e) e	porton de n					
Name of pe	erson wit	h parental	responsibi	lity (par	ent/carer):	
Surname:		First name:					
Mr	l .	Mrs		Miss		Ms	
Mr		Mrs		Miss		Ms	
·							
Home add	ress of c	hild and pa	rent/carer	•			
monie ada	1033 01 0	ilia alia pe	ireint, carer	•			
Postcode:							
Home telephone:							
Mobile telephone:							
Work telephone:							
e-mail address:							
Date move	ed to this	address:					
Are you on the electoral roll			Yes / No				
at the above address:							
Is your chi	ld attend	ling any ot	her childca	re	Yes / I	No.	
-			er / nurser		1007		
If Yes plea			er / marser	, ,			
cs pica	55 8.45 W	- taiisi					
How did v	ou hear a	ahout us?					

1. Looked after children/children in public care

Is the child named in section 1 in public care or looked after? (i.e. in the care of a local authority, resident with a foster carer or in a children's home / adopted subject to a residence order or special guardianship order, immediately following having been looked after). If your child meets the criteria to be classified as a looked after child or a child in public care, you must enclose either a letter from the relevant authority confirming the legal status of the child, a copy of the care order, or a copy of the special guardianship order. Please note that children adopted from overseas are not classified as children in public care.

No	P	lease proce	ease proceed to question 3			
Yes	P	Please provid	de the details below	the details below		
Name	e of assig	ned Social V	Worker:			
Contact number:						
Local Authority with whom the child is in care:			m the child is in care:			
Date of which the child took up residence at						
the address quoted in part 1:			•			
If you	have an	_	g who will be attending lease give details:	Chipstead Valley Primary School at the same time as the		
Siblin	ng's full n	ame:				
Date	of birth:					
Boy /	girl:					
Curre	ent Regis	tration grou	ıp:			
If ther	e are any	special rea	•	medical) child's admission to Chipstead Valley Primary School n below. You should include any medical, social or		
educa	tional fac	ctors or any	other relevant informat	tion:		
				Please attach separate sheets if necessary		
	ch a letto	er of suppor	t from the person name	ed below, who may be contacted about my		
Name						

Telephone number:
Professional Status:

Address:

4. Children of members of staff

Children of members of staff will have priority in the oversubscription criteria if the staff member has been employed at the school for two or more years at the time at which the application for admission to the school is made, and/or if the member of staff is recruited to fill a vacant post for which there is a demonstrable skill shortage.

5. Distance

Children living closest to the school as measured in a straight line from the child's main address to the school gate will receive higher priority.

		Please ✓
1	I am likely to qualify for free 15 hours, 2-year old entitlement and would like to take up this	
	option in the mornings	
	(NB: Eligibility criteria applies – check <u>www.gov.uk</u> for entitlement to free childcare for 2 year olds)	
2	I am likely to qualify for free 15 hours 2-year old entitlement and would like to take up this	
	option in the afternoons	
	(NB: Eligibility criteria applies – check <u>www.gov.uk</u> for entitlement to free childcare for 2 year olds)	
3	I would like to take up the option of a paid 2-year old morning OR afternoon place (please	
	state AM or PM)	
5	I would like to take up the option of a paid 2-year old place for mornings AND afternoons	
	(all day)	
		•
** (omments relevant to your application	
	omments relevant to your approacher.	

** Comments relevant to your application
(NB: morning sessions are extremely popular, in the event that we are oversubscribed for morning sessions, please state if you would accept afternoon places if available)

7. Declaration

I confirm the information supplied is correct:

Full name of parent/carer (please print):	
Signature:	
Relationship to child:	
Date:	