**2024/2025 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 2023 and 31st August 2024)**

**Child and parent/carer details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s surname:** |  | **Child’s first name:** |  |
| **Date of birth:** |  | **Male / Female** |  |
| **Main language(s) spoken at home:** |  |

**Name of person with parental responsibility (parent/carer):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First name:** |  |
| **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  |
| **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  |

|  |
| --- |
| **Home address of child and parent/carer:** |
| **Postcode:** |  |
| **Home telephone:** |  |
| **Mobile telephone:** |  |
| **Work telephone:** |  |
| **e-mail address:** |  |

|  |  |
| --- | --- |
| **Date moved to this address:** |  |
| **Are you on the electoral roll at the above address:** | **Yes / No** |

|  |  |
| --- | --- |
| **Is your child attending any other childcare arrangements, e.g. childminder / nursery:** | **Yes / No** |
| **If Yes please give details:** |  |
| **How did you hear about 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.**

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|  |  |  |
| --- | --- | --- |
| **No** |  | **Please proceed to question 3** |
| **Yes** |  | **Please provide the details below** |
| **Name of assigned Social Worker:** |  |
| **Contact number:** |  |
| **Local Authority with whom the child is in care:** |  |
| **Date of which the child took up residence at the address quoted in part 1:** |  |

1. **Sibling details**

**If you have an older sibling who will be attending Chipstead Valley Primary School at the same time as the child on this application, please give details:**

|  |  |
| --- | --- |
| **Sibling’s full name:** |  |
| **Date of birth:** |  |
| **Boy / Girl:** |  |
| **Current Registration group:** |  |

1. **Special case priority (including medical)**

**If there are any special reasons which make your child’s admission to Chipstead Valley Primary School Nursery particularly desirable, please outline them below. You should include any medical, social or educational factors or any other relevant information:**

|  |
| --- |
| Please attach separate sheets if necessary |
| **I attach a letter of support from the person named below, who may be contacted about my application:** |
| **Name:** |  |
| **Telephone number:** |  |
| **Professional Status:** |  |
| **Address:** |  |

1. **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.**

1. **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.**

1. **Application options – *please tick where appropriate***

|  |  |  |
| --- | --- | --- |
|  |  | 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 [www.gov.uk](http://www.gov.uk) 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 [www.gov.uk](http://www.gov.uk) 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) |[ ]

|  |
| --- |
| \*\* 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) |

1. **Declaration**

**I confirm the information supplied is correct:**

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