EARLY YEARS APPLICATION FORM: HOLLYBUSH 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)			

If applying for 30 hours free childcare, please provide your HMRC code this should be 11 digits long

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You will need to apply before the 31st August to qualify for September funding

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):		
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:	

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 Hollybush 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 I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.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: .....

Thank you for completing this information. Please return to the school office

Notes to parent

How the information on this form will be used:

By completing this form and signing the declaration you are agreeing for Hollybush 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.