



Malden Parochial Church of England Primary School

HEADTEACHER: Mrs Lucy McMullan

NURSERY ADMISSION FORM 2024

There are three pages to this form, please complete each section before returning to the school office.

CHILD'S DETAILS:

SURNAME:

FIRST NAME:

OTHER NAMES:

PREFERRED FORENAME:

GENDER: BOY GIRL

DATE OF BIRTH:

HOME ADDRESS:

.....

POST CODE:

PREVIOUS SCHOOL/NURSERY/PLAYGROUP:

DATES ATTENDED:.....

COUNTRY OF BIRTH:.....DATE OF ARRIVAL:

PARENT / CARER(S) DETAILS:

(1) PARENT/CARER

(2) PARENT/CARER

TITLE:

TITLE:

FULL NAME:

FULL NAME:

RELATIONSHIP TO CHILD:

RELATIONSHIP TO CHILD:

DAYTIME TEL. NO:

DAYTIME TEL NO:

MOBILE:

MOBILE:

EMAIL:

EMAIL:

REQUESTED PROVISION:

PLEASE SELECT YOUR FIRST CHOICE OF PROVISION. IF YOU WOULD CONSIDER ALTERNATIVES IN THE EVENT THAT YOUR FIRST CHOICE CANNOT BE ACCOMODATED, PLEASE ALSO SELECT A SECOND AND / OR THIRD CHOICE (IF YOU WOULD NOT CONSIDER ANY ALTERNATIVES TICK "NONE" FOR THE SECOND AND THIRD CHOICES):

One tick in each column as applicable:	First choice:	Second choice:	Third choice:
15 HOURS (MORNINGS)			
15 HOURS (AFTERNOONS)			
30 HOURS (FULL DAYS)			
NONE			

IF APPLYING FOR 30 HOURS PLEASE PROVIDE YOUR ELIGIBILITY CODE OR TICK IF INTENDING TO SELF-FUND:

ELIGIBILITY CODE:

OR

I INTEND TO SELF-FUND THE ADDITIONAL HOURS

IF APPLYING FOR 15 HOURS, WOULD YOU BE INTERESTED IN EXTENDING YOUR SESSION TO INCLUDE THE LUNCH CLUB SUBJECT TO AVAILABILITY (40 MINS PAID CHILDCARE (11.35AM – 12.15PM) PLUS PROVISION OF SCHOOL MEAL)?

YES NO

ADMISSIONS CRITERA

IS THE CHILD A LOOKED AFTER CHILD OR PREVIOUSLY LOOKED AFTER CHILD OR INTERNATIONALLY ADOPTED PREVIOUSLY LOOKED AFTER CHILD (SEE ADMISSIONS POLICY NOTE 1)?

YES NO

IF YES, PLEASE PROVIDE SUPPORTING EVIDENCE.

IS THERE ANY EXCEPTIONAL MEDICAL OR SOCIAL NEED WHICH MAKES THIS SCHOOL'S NURSERY THE MOST SUITABLE ONE FOR YOUR CHILD (SEE ADMISSIONS POLICY NOTE 2)? IF SO, PLEASE PROVIDE SUPPORTING EVIDENCE.

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IS EITHER PARENT / CARER A MEMBER OF THE SCHOOL'S TEACHING STAFF WHO HAS BEEN EMPLOYED AT THE SCHOOL FOR TWO OR MORE YEARS AT THE TIME OF APPLICATION AND WILL CONTINUE TO BE EMPLOYED AT THE SCHOOL AT THE POINT OF ADMISSION OR A MEMBER OF STAFF WHO WAS RECRUITED TO FILL A VACANT POST FOR WHICH THERE IS A DEMONSTRABLE SKILL SHORTAGE (SEE ADMISSIONS POLICY NOTE 3)? IF SO PLEASE PROVIDE DETAILS.

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IF THE CHILD HAS SIBLINGS AT THE SCHOOL, PLEASE PROVIDE NAME OF SIBLINGS AND CURRENT YEAR GROUP (SEE ADMISSIONS POLICY NOTE 4):

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.....
PARENTS/CARERS SIGNATURE

DATE:

.....
(PLEASE PRINT NAME)