



The Oaktree School Nursery Class Application Form

Child Details

Surname		First Name	
Middle Names		Name known as (if different from above)	
Date of Birth		Male/Female	
Religion		Languages spoken by child	
Home Language			
Childs Ethnic Group (Please tick)	White: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Asian or Asian British: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background	Mixed: <input type="checkbox"/> White/black Caribbean <input type="checkbox"/> White/black African <input type="checkbox"/> White/Asian <input type="checkbox"/> Other mixed background
	Black or Black British: <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other black background	Chinese or other ethnic group: <input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic group	<input type="checkbox"/> Refused

Meeting Admission Criteria

Is the child, or has the child previously been in the care of a local authority in accordance with Section 22 of the Children Act 1989?	Yes / No
Are there exceptional social or medical circumstances which apply to the child which warrant a placement at this school in particular? (If 'yes' the headteacher will arrange a meeting with you to discuss this further).	Yes / No
Member of Teaching Staff for more than 2 Years	Yes / No
Will the child have a sibling at The Oaktree School or The Hermitage School at the time of admission? (If 'yes', please give full name and year group of sibling)	Yes / No

Parent/Carer Details

Name Address Relationship to child: Home Telephone No. Mobile Telephone No. Work Phone No. Email Address	Name Address Relationship to child: Home Telephone No. Mobile Telephone No. Work Phone No. Email Address
--	--

Who has parental responsibility?		Who has legal contact with the child?		Which parent does the child normally live with?	
----------------------------------	--	---------------------------------------	--	---	--

If you are able to receive communication (i.e. newsletters) via email, please provide the email address:

EMAIL:



Additional Emergency Contacts (if parents cannot be contacted)

Emergency Contact Details (Please Provide 2 contacts)	Name: Home telephone: Mobile number: Relationship to child:	Name: Home telephone: Mobile number: Relationship to child:
---	--	--

Medical Details

Doctors Details Name:		Surgery Address: Telephone:	
Are your child's vaccinations up to date? YES/NO			
Has your child got any allergies or dietary requirements? <i>Please give details</i>		Has your child got any Health requirements (ie inhaler, epipen)? <i>Please give details</i>	
Does your child have any special educational needs/disabilities? YES/NO <i>If yes, please give details including support received i.e. speech therapist, occupational therapist.</i>			

Session Requirements

When would you like your child to start in the nursery class? (Please indicate) September 20____ January 20____

*Please note that the nursery class **does not operate flexible hours**. Please select your first session preference by placing a number 1 in the preference column and your second session preference by placing a number 2 in the preference column and so forth.*

Session	Days	Total number of hours	Preference
A	Monday (8.40 – 2.40), Tuesday (8.40 – 2.40), Wednesday morning (8.40 – 11.40)	15 Hours	
B	Monday (8.40 – 3.10), Tuesday (8.40 – 3.10), Wednesday morning (8.40 – 11.40)	16 Hours (an additional charge of £3 per day will be invoiced for the additional 30 mins on a Monday and a Tuesday)	
C	Wednesday afternoon (12.10 – 3.10), Thursday (8.40 – 2.40), Friday (8.40 – 2.40)	15 Hours	
D	Wednesday afternoon (12.10 – 3.10), Thursday (8.40 – 3.10), Friday (8.40 – 3.10)	16 Hours (an additional charge of £3 per day will be invoiced for the additional 30 mins on a Thursday and a Friday)	
E	Monday – Friday (8.40 – 2.40)	30 hours	
F	Monday – Friday (8.40 – 3.10)	32.5 hours (an additional charge of £3 per day will be invoiced for the additional 30 mins on a Monday, Tuesday, Wednesday, Thursday and Friday)	



Will your child be attending any other setting prior to or during their time at The Oaktree School Nursery? (i.e. include any other Nursery/preschool/childminder)? If so please give name and address of setting(s) with dates:

Additional information

Please note any additional information which would be useful for the preschool in helping your child to settle happily (*continue on back of sheet if necessary*):

Parental Permissions

I, the undersigned, give permission for _____ (Child's Name) to:

- receive appropriate first aid treatment in the event of an accident, including application of a hypo-allergenic plaster.
- leave the premises for supervised walks and visits in and around the local area.
- be included in any photos advertising/promoting the school (social media, website, leaflets, newspaper, newsletters etc.).

Signature : _____ Date : _____

Full Name : _____ Relationship to Child : _____

Funding Support and Session Cost

I believe I am entitled to:

- FEET funding
- 15 hours free childcare from the DFE.
- 30 hours free childcare from the DFE. My 30 hours funding code is _____
- Early Years Pupil Premium (If you are not sure and would like the school to check on your behalf, please provide your National Insurance Numbers and Date of Births below. We can carry out a confidential check on your behalf and let you know.)

The cost of sessions for non-funded 2 Year olds is £20.00 per session. A session is 3 hours in the morning or 3 hours in the afternoon.