

# APPLICATION FOR KESTON NURSERY PLACE

20..... Entry at Keston Nursery

*THIS FORM SHOULD BE COMPLETED AND RETURNED TO KESTON PRIMARY SCHOOL BY 31<sup>ST</sup> JANUARY.*

## CHILD AND PARENT DETAILS

CHILD'S SURNAME ..... FIRST NAME .....

DATE OF BIRTH..... MALE / FEMALE (Please delete as appropriate)

ADDRESS.....

..... POST CODE.....

MAIN LANGUAGE SPOKEN AT HOME .....

PRESENT PRESCHOOL OR NURSERY ATTENDED .....  
(please include the county/town of the preschool or nursery)

NAME OF PERSONS WITH PARENTAL RESPONSIBILITY

*MR/MRS/MISS/MS*

FIRST NAME..... SURNAME.....

ADDRESS (if different from above).....

*MR/MRS/MISS/MS*

FIRST NAME..... SURNAME.....

ADDRESS (if different from above).....

ARE YOU ON THE ELECTORAL ROLE AT THE ABOVE ADDRESS? YES / NO

TELEPHONE NUMBERS

HOME ..... WORK ..... MOBILE .....

EMAIL ADDRESS .....

## LOOKED AFTER CHILDREN

IS THE CHILD NAMED ABOVE IN PUBLIC CARE (I.E RESIDENT WITH A FOSTER CARERE OR IN A CHILDREN'S HOME)

YES / NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS

NAME OF ASSIGNED SOCIAL WORKER .....

CONTACT NUMBER.....

LOCAL AUTHORITY WITH WHOM THE CHILD IS IN CARE.....

DATE ON WHICH THE CHILD TOOK UP RESIDENCE AT THE ABOVE ADDRESS ..... P.T.O

**SPECIAL CASE PRIORITY**

IF THERE ARE ANY SPECIAL REASONS WHICH MAKE YOUR CHILD’S ADMISSION TO KESTON NURSERY PARTICULARLY DESIRABLE, PLEASE OUTLINE THEM BELOW. YOU SHOULD INCLUDE ANY MEDICAL, SOCIAL OR EDUCATIONAL FACTORS OR ANY OTHER RELEVANT INFORMATION.

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.....  
.....PLEASE ATTACH SEPARATE SHEETS IF NECESSARY

I ATTACH A LETTER OF SUPPORT REGARDING PRIORITY ADMISSION FROM THE PERSON NAMED BELOW, WHO MAY BE CONTACTED ABOUT MY APPLICATION.

NAME..... TELEPHONE No. ....

ADDRESS .....

PROFESSIONAL STATUS .....

**SIBLING PRIORITY**

PLEASE PROVIDE DETAILS OF OTHER CHILDREN IN THE FAMILY:

NAME	DATE OF BIRTH	SCHOOL ATTENDED
.....	.....	.....
.....	.....	.....
.....	.....	.....

IF YOU ARE APPLYING FOR A RECEPTION CLASS PLACE AT KESTON PRIMARY SCHOOL FROM SEPTEMBER FOR AN OLDER CHILD IN THE FAMILY WHO IS LIVING AT THE SAME ADDRESS PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF CHILD ..... DATE OF BIRTH .....

**DECLARATION**

PARENTS OF CHILDREN WHO ARE ALLOCATED A PLACE WILL BE NOTIFIED BY MAY 1<sup>ST</sup>

THERE IS NO GUARANTEE THAT A PLACE CAN BE MADE AVAILABLE AT THIS NURSERY.PLACES ARE ALLOCATED TO CHILDREN ACCORDING TO THE FOLLOWING CRITERIA:

- CHILDREN BEING OF AGE 3+.
- VACANCIES EXISTING IN A CLASS.
- SOCIAL AND /OR EDUCATIONAL NEED AS IDENTIFIED BY AN APPROPRIATE AGENCY E.G SOCIAL WORKER, G.P. HEALTH VISITOR, OTHER EDUCATION SERVICE
- SIBLINGS OF CHILDREN ALREADY IN THE SCHOOL OR CLASS.
- PROXIMITY TO THE SCHOOL.

*THE OFFER OF A PLACE IN KESTON NURSERY CARRIES NO GUARANTEE OF A RECEPTION CLASS PLACE IN THE FOLLOWING YEAR.*

SIGNATURE OF PARENT ..... DATE .....