St Oswald's CE Primary School

Application for a Nursery Class Place

It is important that you prov	vide as much information as poss	sible to ass	ist in the a	admissic
process. Applications w	ill not be processed without being	յ fully comր	oleted.	
Name of child:		Male 🔲 F	emale (P	lease tick)
Child's date of birth:				
Home Address:				
	Post	code:		
Title Parent Forename	e: Parent Surnam	e:		
Relationship to child: Please tick *We will primarily use your e-mail	Mother Father Step Parent Fo Other Please Specify Please Specify Please Specify	oster Parent	Social Wo	rker
working e-mail address if you have		case ensure y	you provide t	i cicai,
Email address:	Tel N	۱o:		
	ch. It is hoped that all pupils in our Nurs			
Are you entitled to the 30 hour provision?		_	Yes	No 🗌
•				
Your 30 hour 11 digit code			Yes	No 🗌
•	,			
Is your child previously looked after but now adopted from Care?		_	Yes	No 🗌
Is your child subject to a residential order or special guardianship order		,	Yes	No 🗌
If yes, please give the name and	contact details of their Social Worker: _			
Does this child have any siblings	of school age?		Yes	No 🗌
If yes, name of child:		DOB:		
name of child:				
Name of school(s) attending:				
Doctor's name:				
Practice Address:	Tel.	No.:		

Health Details				
Is his/her general health good?	Yes No No			
Does he/she suffer from Asthma?	Yes No No			
Is his/her hearing good?	Yes No No			
Does he/she have any allergies?	Yes No			
Is his/her eyesight good?	Yes No No			
Are there any special facilities required by	your child?			
Any other information you may want to give	/e us?			
Are there any court orders in place with reg	egards to your child?			
<u>Criteria</u>	a for admission to St. Oswald's CE Nursery			
If demand for places in our nursery exceeds the statutory number of 52, then priority will be given to:-				
1. Children in Public Care – Looked After Children, includi	ding Looked After Children adopted from state care outside of England.			
2. Children who have a brother or sister at the school at the	the time they are due to start in September. This includes full, half or step brothers and			
sisters, adopted and foster brothers and sisters who are living at the same address and who are part of the same family unit.				
3. Children with a parent /guardian / carer who *regularly worships at St Oswald's Church. The application must be supported by a letter from the				
Parish Vicar. **				
4. Children with a parent /guardian / carer who *regularly v	worships at another church in Churches together in Britain and Ireland." **			
**"In the event that during the period specified for attendar has been closed for public worship and has not provided a	nd Primary School (using the methodology of Measurement used by the Local Authority). ance at worship the church or, in relation to those of other faiths, relevant place of worship alternative premises for that worship, the requirements of these admissions arrangements in the church or in relation to those of other faiths, relevant place of worship or alternative			
I confirm that I have read these criter	eria. Signed Date			
Do you regularly attend worship at St. Oswald's Church? Yes No				
Do you regularly attend worship at another Chu	urch of England / Christian Church? Yes No			
If 'Yes' please write down the name of the chur	rch and its Vicar / Leader from whom we may request a letter of			
commendation. Church:	Name of Vicar / Leader:			
Which school do you wish your child to attend v	when leaving nursery?			
Parent Details				
which relates to the administration of pupils. All in accordance with the requirements of the Acinvolve contacting your current school or other shared with other Local Authorities and the DfE of provision of services to your child.	ouncil, Schools and Families maintain a database in respect of Education all personal information provided on this form is treated in strict confidence ct. We may verify information you have provided on this form. This could council Departments who maintain appropriate records. The data may be external service providers including appropriate agencies for the purpose			
Signature of parent/carer:	Date:			
Please print name of parent/carer:				
Date of birth of parent/carer:	NI number			
For School Use only BCS Ack Email N	NStD AM/PM UPN			