Wheelers Lane, Smallfield, Horley, Surrey RH6 9PT

**Tel: 01342 842010 Fax: 01342 842935**

E-mail: school@burstow.surrey.sch.uk

www.burstowschool.org

Headteacher: Miss C. Hodgson

**Application for Admission to Owlets Nursery School**

**Burstow Primary School, Wheelers Lane, Smallfield**

**01342 842010**

**school@burstow.surrey.sch.uk**

In order to be considered in the initial allocation of Nursery places this form should be returned to school asap.

* Please note that completing this form does not guarantee a place
* Governors will consider applications received in accordance with the nursery class admissions policy
* Please read the Nursery Admissions policy on the school website before completing this form
* Please fill in the form in block capitals and sign it
* You will be notified by the school if your child has been allocated a place asap
* Please contact the school if you have any queries concerning completion of this form

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| --- | --- | --- |
| **1. Child’s Details** | | |
| Child’s Last Name: |  | |
| Child’s First and Middle Names: |  |  |
| Child’s Date of Birth : | ……./……./…….. | Gender: Male/Female |
| Current Age: | ……………Years ……………Months | |
| Which term would you like your child to start Nursery? | Autumn / Spring/ Summer term  ( please delete as appropriate)  Year………………………………… | |
| Child’s Home address:  (this must be the child’s normal place of residence and not a  relative or carer’s address) | Postcode | |

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| **2. Preference Details**  Please tick under which criterion you are applying for a nursery place | Please tick  in this column |
| **Looked after and previously looked after children**  ( if the child is already in public care of a local authority or has previously been in care, please state which Local Authority and provide evidence with your form):  ………………………………………………………………………………………………………………………………………… |  |
| **Where there is a social or medical need for a place at the nursery school**  (E.g. does your child have any special education needs, special social needs or a disability?  Are they supported by Social Services, a Speech Therapist, Educational Psychologist, Portage or Child and Family Guidance? An application will not be considered under this criterion unless independent evidence is provided. As such, please provide further details together with any relevant documentation):  ……………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………… |  |
| **Where a child has a sibling attending the main school at the time of**  **admission or is expected to have a sibling attending the main school.**  Please provide name(s) and date(s) of birth of siblings and year group(s)  expected to be in at September 2022.  1. Name …………………………………………………………… Year Group………………    2. Name…………………………………………………………… Year Group………………  3. Name…………………………………………………………… Year Group……………… |  |
| **Other** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.Parents/ Guardians/Carer’s Details** |  | | | |
| Title: | Mr/Mrs/Miss/Ms/…. | | Mr/Mrs/Miss/Ms/…. | |
| Last Name: |  | |  | |
| First Name: |  | |  | |
| Relationship to Child: | Mother / Father / Step Parent / Foster Parent / Social Worker / Other family member / Other Contact\*/ Other Relative\*  \*Please provide details  ……………………………………………………… | | Mother / Father / Step Parent /  Foster Parent / Social Worker /  Other family member / Other  Contact\*/Other Relative\*  \*Please provide details  …………………………………………………………………………… | |
| Address:  ( if different from that of  the child given overleaf) | Postcode | | Postcode | |
| Daytime telephone  number: |  | |  | |
| Mobile telephone  number: |  | |  | |
| Email address: |  | |  | |
| Name and ages of all brothers and sisters (if any), including step brothers and sisters living in the same  family unit  Is there any additional information you would like to share? | Name: DOB:  1. ……………………………………………… ……………………….  2. ……………………………………………… …………………………  3. ……………………………………………… ………………………… | | | |
| **The following are the proposed options for nursery sessions for**  **FEE\* Universal entitlement and additional hours.**  **Please indicate your preference by stating 1st, 2nd or 3rd or choice.**  **If you are eligible for FEE Extended entitlement (totalling 30 hours per week) please choose box 4 as 1st choice.** | | | |
| 1. Monday and Tuesday for 6 hours and Wednesday morning for 3 hours. Totalling 15 hours per week. | |  | |
| 2. Wednesday afternoon for 3 hours and Thursday and Friday for 6 hours.  Totalling 15 hours per week. | |  | |
| 3. All five days (Monday to Friday) with 15 hours Universal entitlement funded and 15 hours Extended entitlement  Totalling 30 hours per week. | |  | |
| **All places will be allocated in accordance with Nursery Admissions policy.**  **\*\* Please note that if you cease to be eligible for the Extended entitlement the hours will reduce to 15 hours Universal entitlement dependant on spaces being available.** | | | |

Please indicate if you are interested in Wrap Around Care

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| 1. Breakfast Club | 7.30am – 9am | £4.90 |  |
| 1. After School Club | 3.00pm – 6.00pm | £12.00 |  |

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| --- | --- |
| **Parent/Carer Declaration and signature of Parent/Carer:** | |
| I wish to apply for a place at Burstow Primary School Owlets Nursery and I have indicated the criterion under which I am applying for that place. I certify that I am the person with parental responsibility for the child named in Section 1 and that the information given is true to the best of my knowledge and belief.  I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may lead to the withdrawal of an offer of a nursery school place for my child. I understand that the school reserves the right to amend its provision of nursery. | |
| Signature of Parent /Carer: |  |
| Date: | \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| DEFINITIONS | \*FEE - Free Early Education for 3 & 4 year olds |