



Barlby Primary School Nursery Application Form

Family Information

Family name _____ Child's name _____ girl / boy

Address: _____

Post code: _____ Telephone number: _____

Date of birth: day _____ month _____ year _____

Child's position in family 1 2 3 4 5

Mother's full name: _____ Father's full name: _____

Email address: _____

Language(s) spoken in your home: _____

Is your child looked after by the local authority Yes / No

Does your child have special educational needs Yes / No. If yes please give details: _____

Additional Information

School attended by other children: _____

Primary school you want your child to attend: _____

Have you applied anywhere else for a nursery place? If so where? _____

Do you receive any of the following benefits? (Please tick any that apply)

- Child Tax Credit (NOT working tax credit)
- Income Support
- Income based job seekers allowance
- Income related employment & support allowance
- Support under part V1 of the immigration and Asylum Act 1999
- Guaranteed element of State Pension Credit
- None of the above

We are able to check your entitlement for Free School Meals via a secure government website where data is held by the Department of Work & Pensions, the Home Office and Inland Revenue

Your date of birth _____ Your surname _____

National Insurance Number: _____

Medical Information

Does your child have any medical needs Yes / No
If yes please give details:

**Do you qualify for a funded 30 hour place?
Please tick all statements that apply to you**

- Both parents in the household work the equivalent of at least 16 hours at national living wage or national minimum wage, therefore earning at least £107 per week
- One parent in the family is working and the other is in receipt of benefits relating to caring responsibilities or disability
- Or identified as having SEND by a health professional or ISL (*Integrated Service of Learning*)
- Both parents are employed, but one of both are temporarily away from the workplace on parental, maternity, paternity or adoption leave.

National Insurance Number: _____

Any additional information:

- Single Parent
- 2 parent household

Please be aware that all places are limited and will be allocated according to our admission policy

Please put down any other information that you think might be relevant to your application.

Signed.....Date.....Return to the school office