

I am applying for: (Please choose)	AM 8:40am - 12:00pm		Full Time (for 30hrs Free Childcare only) 8:40am -3:10pm-Mon to Thurs 8:40am - 2:00pm - Fridays	
Surname:	First Name(s):			
Date of Birth:	Gender:	Male	Female	
Address:				
Full Postcode:	Home Tel Number:			
Contact Information				
Parent / Carer 1		Parent / Carer 2		
Surname:	Surname:			
First Name	First Name			
Relationship to child:	Relationship to child:			
Address: (if different from the child)	Address: (if different from the child)			
Home Number:	Home Number:			
Work Number:	Work Number:			
Mobile:	Mobile:			
Email:	Email:			
In an emergency who should be contacted first?	Parent / Carer 1		Parent / Carer 2	
Emergency Contacts (Must be different to parent contacts)				
Surname:	Surname:			
First name:	First name:			
Relationship to child:	Relationship to child:			
Address:	Address:			
Home Number:	Home Number:			
Work Number:	Work Number:			
Mobile:	Mobile:			
Acceptable ID for applications - 3 forms of ID required, must include 1 from each section below				
Child's passport &	Council tax bill OR Utility Bill			
Child's Birth certificate				

Medical Information					
Medical Practice:					
Address:					
Telephone Number:					
Medical Conditions / Food Allergies (If there are none please state this):					
Are your child's immunisations up to date?		Yes	No	Red book checked: Yes No	
I agree to my child receiving hospital treatment if the staff decide this is necessary.					
Signed:		Date:			
Ethnic Monitoring - Answer ALL questions please					
Ethnicity: (Please choose from attached list only)		Home Language:			
First Language:		Religion:			
Are you an asylum seeker/refugee: Yes		No	English additional language?	Yes	No
Date of arrival to the UK:		Country of Origin:			
Nationality:					
Additional Information					
You may be eligible for a 30hrs free nursery place if you are working parents					
Please check with HMRC: https://childcare-support.tax.service.gov.uk/par/app/applynow					
30 hrs eligibility code: _ _ _ _ _		Parent NI Number:			
Does your child have any siblings at Millfields? (Siblings must still be in school when your child starts) Yes No					
Name of sibling:		Class:			
Name of sibling:		Class:			
Name of sibling:		Class:			
Main mode of travel to school: (Choose one only)		Bus	Car	Cycle	Taxi
		Walk	Other:		
Meals (Please choose one)					
You must have evidence of Free School Meals entitlement from Hackney Learning Trust to be eligible.		Free	Home	Packed lunch	School Meal
Special Dietary Needs:		Halal	Kosher	No beef	Gluten Free
Choose any and all appropriate needs.		No pork	No nuts	No seafood	Other:
School History					
Previous Setting:		Nursery	Childminder	Childrens Centre	None
Name and address of setting:					
Is your child a Looked after child?		Yes	No		
Does your child have a medical, social or emotional need to be at Millfields?		Yes	No		
Is parent a teacher in Hackney (within 1 mile of Millfields)		Yes	No		
Evidence will be required if you applying under any of the above 3 categories					

Declaration and consent for EYPP check		
I wish to apply for a nursery place at Millfields Community School.		
I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge.		
I understand that any false or deliberately misleading information given on this form and/supporting information may render this application invalid, or lead to the offer of a place being withdrawn.		
I understand that I will be required to provide proof of address and my child's date of birth upon making an application		
I have read the guidance attached to this form and I understand that there is no automatic transfer to the reception class, a separate application is required.		
I give consent for Hackney Learning Trust to check my details so that if I am eligible for the Early Years Pupil Premium (EYPP) , the nursery can receive additional funding		
Child's first name:	Surname:	Date of Birth:
Insert below name of parent for checking eligibility;		
First name:	Middle name:	Surname:
Date of Birth	National Insurance number or NASS number	
Parent / Carers signature	Date:	
ETHNICITY CATEGORIES		
Please choose from the following when completing your Nursery application form.		
Main Category	Extended Category	Extended Category
White	English	Greek / Cypriot
	Scottish	Turkish
	Welsh	Turkish Cypriot
	Cornish	Eastern European
	Any Other White British	Western European
Mixed	Irish	White Other
	Traveller of Irish Heritage	Gypsy / Roma
	Albanian	Afghan or Kurdish
	White & Black Caribbean	White and Asian
	White & Black African	Any other mixed background
Asian or Asian British	Indian or Pakistani	Bangladeshi or Chinese
Black or Black British	Caribbean	African/ Any other Black background
Any other Ethnic Group	Latin	Any other Ethnic group
Office use only:		
Priority Code:	LAC	EMS
Dist from school: _____miles	TEA	SIB
		DIST
School stamp	Application date:	