



# NURSERY ADMISSIONS FORM

2023 / 2024

I am applying for: (Please tick)	AM 8.40am-12	Full Time 8.40-3.10pm except Fridays 2pm (only for 30 hrs free)
	<input type="checkbox"/>	<input type="checkbox"/>

Surname:	First Name(s):
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Date of Birth:	Gender: Male / Female
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Address:

Full Postcode:	Home Tel Number:
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**Contact Information**

Parent / Carer 1	Parent / Carer 2
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Surname:	Surname:
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First Name	First Name
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Relationship to child:	Relationship to child:
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Address: (if different from the child)	Address: (if different from the child)
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Home Number:	Home Number:
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Work Number:	Work Number:
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Mobile:	Mobile:
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Email:	Email:
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In an emergency who should be contacted first?

**Emergency Contacts (Must be different to parent contacts)**

Surname:	Surname:
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First name:	First name:
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Relationship to child:	Relationship to child:
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Address:	Address:
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Home Number:	Home Number:
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Work Number:	Work Number:
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Mobile:	Mobile:
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Acceptable ID for applications - 3 forms of ID required, must include 1 from each section below

Child's passport &	Council tax bill <b>OR</b> Utility Bill
Child's Birth certificate	

Office use only:

Priority Code:	LAC	EMS	TEA	SIB	DIST
Dist from school: _____ miles					

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 by:			
I agree to my child receiving hospital treatment if the staff decide this is necessary.						
Signed:		Date:				
Ethnic Monitoring- Answer all questions						
Ethnicity: <small>(Please choose from attached list only)</small>		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: <a href="https://childcare-support.tax.service.gov.uk/par/app/applynow">https://childcare-support.tax.service.gov.uk/par/app/applynow</a>						
30 hrs eligibility code: _____		NI Number: _____				
Does your child have any siblings at Millfields? (Siblings must still be in school when your child starts)						
Name of sibling:		Class:				
Name of sibling:		Class:				
Name of sibling:		Class:				
Main mode of travel to school: (Circle one only)		Bus	Car	Cycle	Taxi	Train
		Walk	Other:			
Meals (Please circle one)						
You must have evidence of Free School Meals entitlement from Hackney Learning Trust to be eligible.		Free	Home	Packed lunch	Paid School Meal	
<b>Special Dietary Needs:</b>		Halal	Kosher	Vegetarian	Gluten Free	No beef
Circle any and all appropriate needs.		No pork	No nuts	No seafood	Other:	
School History						
Previous Setting:		Nursery	Childminder	Chns centre	None	
Name and address of setting:						
<b>Is your child a Looked after child? Yes / No</b>						
<b>Does your child have a medical, social or emotional need to be at Millfields? Yes / No</b>						
<b>Is a parent a teacher in Hackney (within 1 mile of Millfields) Yes / No</b>						
<b>Evidence will be required if you applying under any of the above 3 categories</b>						
Office use only:						
School stamp		Application date:				

### 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 and belief.

\* 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 for:

**Data Protection**

Please note – Millfields Community School will keep a record of this information for the purposes of processing data. If you want to know how we will use and store your data, please click here to see our Privacy notice.

You can withdraw your consent to sharing your data at any time by emailing [info@millfields.hackney.sch.uk](mailto:info@millfields.hackney.sch.uk)

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 Scottish Welsh Cornish	Greek / Cypriot Turkish Turkish Cypriot Eastern European
	Any Other White British	Western European
	Irish Traveller of Irish Heritage	White Other Gypsy / Roma
	Albanian	Afghan or Kurdish
Mixed	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

**PARENTAL CONSENT FORM – Please tick each box that applies**

**NAME OF CHILD:**

I am the parent / legal guardian of the child named above and I give permission for the following ticked boxes:

- permission for my child to be photographed or videotaped whilst in the care of Millfields Community School for the following purposes:
- Learning Journeys
  - Displays
  - Staff coursework
  - Printed media/Millfields Mag
  - Millfields social media
  - Millfields website

permission for my child to go on local trips around London including the use of public transport

permission for sunscreen to be applied to my child when necessary

permission for my child to use the internet

permission for emergency medical treatment given to my child if necessary

permission for my child to be collected from school by the following people:

Name: Relationship to Child:

Name: Relationship to Child:

Name: Relationship to Child:

Name: Relationship to Child:

Name: Relationship to Child:

permission for my child to receive “intimate” care support; for example: dressing, wiping their bottom after using the toilet and changing underwear following an accident

permission for my child to walk home alone from school **(YEAR 5&6 ONLY)**

Signed:

Date: