



**Margaret Wix Primary School**  
**High Oaks, St Albans, AL3 6EL**



Headteacher: Mrs C Gibbs  
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**NURSERY APPLICATION FORM**

PLEASE USE BLOCK CAPITALS			
<b>Child details</b>			
First name:			
Middle name:			
Family name:			
Date of Birth:	/	/	Gender: M/F
NHS number:	_ _ _ / _ _ _ / _ _ _ _		
Address:			
<b>Special Educational Needs</b> <i>Does your child have an Educational Health and Care Plan (EHCP)?</i>		<b>Yes/No</b>	
<b>At risk</b> <i>Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</i>		<b>Yes/No</b>	
<b>Children in Public Care</b> <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</i>		<b>Yes/No</b>	
<b>If you have a sibling at this school, enter their name and date of birth:</b>			
<b>Early years setting child attends or has attended (if applicable)</b>			

Please complete the details for both parents:		
Parent/carer 1 details		Parent/carer 2 details
Title:		
Forename:		
Surname:		
DOB:		
National Insurance Number:		
National Asylum Support Service (NASS) Number (if applicable):		
Postal Address:		
Email address:		
Daytime Telephone number		
<b>I confirm that the details above are correct to the best of my knowledge.</b>		
Signature of parent/carer:		
OFFICE USE ONLY:	Date Received:	
	Distance:	

**DECLARATION**

The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for local authority purposes.

I agree to Margaret Wix Primary School using this information to consider my application for a nursery place. I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.

I understand that the completion of an application form does not guarantee a place in the nursery class.

I understand that, if offered a place in the nursery class, I will have to apply separately for a place in reception.

Signature of parent/guardian: ..... Date: .....

**Have you:**

Enclosed a recent proof of address	<b>A copy of a gas, electricity, water or council tax bill, or a tenancy agreement, dated within the last 3 months as proof of address</b>
Enclosed a Copy of Birth Certificate or passport	<b>Copy of Birth Certificate or passport</b>
Enclosed supporting evidence for a special educational need	<b>A copy of an EHCP</b>
Enclosed supporting evidence for a child at risk/ looked after or previously looked after	<b>A copy of the relevant order</b>

**Children who have been adopted from care or are subject to a special guardianship order or a child arrangements order.**

Eligibility will be based on your declaration that your child was formally a looked after child and on the evidence of their status e.g. a copy of the relevant order. This form and a copy of the relevant order should be seen by the school and they will confirm with Hertfordshire County Council that they have seen confirmation and enable a place to be offered under this criterion.

**Thank you for completing this information. Please return your application to the school as soon as possible.**



## Margaret Wix Primary School - Nursery Session Information



Our Nursery offers each child 15 or 30 hours provision dependent on their needs.

30 Hours' Free Childcare Information: A 30 hours' free childcare checklist has been developed for parents/carers which covers some frequently asked questions, deadlines and when you can access the entitlement. The checklist can be found via the following link:

<https://www.hertfordshire.gov.uk/medialibrary/documents/schools-and-education/childcare-and-advice-for-parents/30-hours-freechildcare-checklist-for-parents.pdf>. You can check the following website to confirm your eligibility for 30 hour free childcare provision – <https://www.gov.uk/childcarecalculator>.

You will need to reconfirm this to us through an 11 digit code every 3 months. Please complete the Options Form below of your choice

### Options Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Option	Sessions	Times	Please tick preferred choice
1	5 morning sessions	8:45 – 11: 45	
2	30 Hour with code	Monday to Friday 08:45 - 15:15	

If the options above are not suitable please contact the school office, we might be able to offer tailored options.

I am eligible for 30 hours – my eligibility code is: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_