



APPLICATION FOR A PLACE AT EAST MARKHAM PRIMARY SCHOOL MAINTAINED NURSERY SCHOOL

1. SCHOOL/S	ETTING REQ	UIRED							
Name of Establis	shment:								
When would you	like your child	to start			_				
Name of pre-sch currently attendir	•	nursery your child is							
Sessions Preferr	ed: (Please ti	ick)							
	,	,	MON	TUE	WED	THUR	FRI	7	
	MORNINGS 8	.30am – 11.30am	IVIOIV	102	WED	THOR	110		
	AFTERNOON	S 12.30pm – 3.30pm							
	Full Day 8.30a	am – 3.30pm							
From the term following your child's 3 rd birthday, he or she will be eligible for up to 15 hours of free government funded early years sessions. This equates to a morning or afternoon place.							early		
		ent guidelines and are er n – 12.30pm (£2.80 if you							
Once a place has b	een allocated we	e will be in touch to disc	uss you	sessions.					
From September 2 place (total £31.10		3.10 per 3-hour session v inc £5.00)	with a £	5.00 'link' (charge sho	uld you wis	h to take	up a full	l-time
We have some flexibility to add additional sessions to a morning or afternoon place. Please get in touch to discuss this directly.									
2. CHILD DETA	AILS								
Surname: Forename(s):									
Male 🗌 F	emale 🗌	(tick a single box)		ate of Bi	rth:				
		(Plea	ase prov	ide eviden	ce of date of	of birth eg co	opy of birt	h certifi	cate)
Child's address:	Child's address:								
					Posto	ode:			
Child's home lan	guage								
Is / does the chi	ild?								
- In public care (looked after)					Υe		No		
- Known to Children's Integrated Services (Social Worker)					Υe	_	No		
- Statemented for Special Educational Needs / EHC Plan					Ye		No	片	
- Known to the Educational Psychology Service- Have a disabilityYes					es ∐	No			
<u> </u>							·c 🗆	No.	
- Have an illness	•	Chology Service				Υe		No No	

3. SIBLIN	IGS				
These are	defined as brothers, s	sisters, half brothers, half si			oted and fostered
	ng with the same famil	y at the same address (at the	e time of admission,		
Surname Surname		Forename(s)		DoB	
Surname		Forename(s) Forename(s)		DoB	
4. PAREN	NTS / CARERS DET	AILS			
Surname:		Fo	rename(s)		
Address: (if different					
from child's)			Postcode:	
Contact	Email				
details:			Mahila		
	Telephone No		Mobile		
Surname:		Fo	rename(s)		
Address: (if different					
from child's				Postcode:	
Contact details:	Email				
details.	Telephone No		Mobile		
	AL, SOCIAL OR W	ELFARE CIRCUMSTANC strict confidence)	ES OF THE CHIL	D OR THE FAMI	LY
•		A SEPARATE SHÉET OR	SUBMIT SUPPO	RTING EVIDENC	E IF REQUIRED.
/DI-					4.56
-	-	n which you think is rele		written statemen	-
Name)	Designation (eg doctor/health visitor)	Address		Telephone No.

6. GENERAL

The admission criteria for Nottinghamshire maintained nursery schools is available at East Markham Primary School and on the Nottinghamshire County Council website at https:Nottinghamshire.gov.uk/education/school-admissions

Please complete and sign this form and attach any other information which you feel is relevant. You should return it to the School Office at East Markham Primary School.

7. SIGNATURE(S)					
Print Name (in full)	Signed	Date			
I/we acknowledge that the information given on this form is accurate.					

The Data Protection Act 2018 and GDPR are laws that are designed to protect and maintain personal identifiable information. When we are in possession of personal information we will protect it and aim to keep service user information safe, abide by the law in respect of handling personally identifiable information, and respect the wishes of service users who do not want us to share their information.