



Application for admission to a Nursery Class in September 2022

For children born between 1 September 2018 and 31 August 2019

Please read the ‘**Starting in a Hounslow School Nursery**’ brochure before completing this form. Completed forms should be returned to your preferred school by **6 May 2022**. You will need a separate form for each school.

1. Child’s details

Child’s forename _____ Child’s surname _____

Child’s date of birth (confirmation will be required) _____ Boy Girl (please tick)

Child’s home address. (This must be the address where the child normally lives. If this address is different from the parent/carer address, please give reasons for this. If parents share custody, this must be stated and both addresses shown).

_____ Postcode _____

Does your child have a Statement of Special Educational Needs or Education, Health and Care Plan (EHCP) Yes No (please tick)

Does your child have a disability or special needs which may require special attention Yes No (please tick)

Details _____

2. School Preference – Hounslow Schools Only

Please read the ‘**Starting in a Hounslow School Nursery**’ brochure carefully before completing this form.

1. Write the name of the school you wish to apply for in the box below. You will also be required to submit a supplementary information form (SIF) to any Faith School or Academy, by the closing date.
2. Please give the name and date of birth of any older sibling* who will still be attending the preferred school in September **2022**.
3. Please use the column on the right **only** if you wish to give reasons for your school preference. This might include consideration under the staff criteria. If there are **exceptional** medical or social reasons why your child should attend this particular school, you must provide professionally supported evidence from a hospital consultant or social worker with this application form. It is very important that you check the admission criteria of the school for which you are applying, to see if priority for admission can be given on this basis.

1. Name of School	2. First name, surname and date of birth of any sibling* already attending the school	3. Reasons for Preferences (see note above). Priority under exceptional medical or social grounds will only be considered if supporting documents from a consultant, social worker, or other appropriate professional are attached to your form.

All primary schools offer 15 hours of early education. If you are a working family you may be able to get an additional 15 hours (30 hours in total). To check eligibility and see the schools that offer 30 hours, please visit www.hounslow.gov.uk/30hours

Are you applying for 15 hours? Yes No (please tick)

Are you applying for 30 hours? (Please check you are eligible before selecting) Yes No (please tick)

If 30 hours cannot be offered to you, do you still wish to be considered for a 15 hour place? Yes No (please tick)

3. Parent's / carer's details

Parent/carer 1

Title (please circle) Mr Mrs Miss Ms Other (please state)

Forename Surname

Relationship to child

Address (if different from child's address given overleaf) with reasons

Postcode

Daytime telephone

Evening telephone

Mobile

Email

Parent/carer 2

Title (please circle) Mr Mrs Miss Ms Other (please state)

Forename Surname

Relationship to child

Address (if different from child's address given overleaf) with reasons

Postcode

Daytime telephone

Evening telephone

Mobile

Email

4. Looked after children and Previously Looked After children

Is your child in the care of a Local Authority? Yes No (please tick)

Was your child looked after but ceased to be because they were adopted
(or became subject to a child arrangement order or special guardianship order) Yes No (please tick)

If yes, please state which Local Authority and Social worker's name _____

If yes, please provide a letter from the social worker confirming the legal status of the child and the local authority with whom the child is/was in care, or a copy of child arrangement or special guardianship order (if applicable).

Declaration and signature of parent / carer

- I wish to apply for a place at the school named in Section 2.
- I certify that I am the person with parental responsibility for the child named on page 1 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/or supporting information may render this application invalid or lead to the offer of a place being withdrawn.

Parent's/carer's signature Date

Print name Relationship to child

In accordance with the Data Protection Act 2018, the London Borough of Hounslow (the Council) will use your information for the purpose of processing your application for a nursery class place, to (a) deal with your requests and administer its departmental functions; (b) meet its statutory obligations; and (c) prevent and detect fraud. The Council may share your information (but only the minimum of information necessary to do the above and only where it is lawful to do so) with other departments within the Council (including the elected members), central government departments, law enforcement agencies, statutory and judicial bodies, community service providers and contractors that process data on its behalf. The Council may also use and disclose information that does not identify individuals, for research and strategic development purposes.

PLEASE ATTACH A COPY OF YOUR COUNCIL TAX BILL FOR THE CURRENT YEAR AS PROOF OF YOUR ADDRESS AND A COPY OF YOUR CHILD'S SHORT BIRTH CERTIFICATE.