

# GULWORTHY NURSERY APPLICATION FORM

## 3 & 4-YEAR-OLD

### Documents to be accompanied with the completed application form.

- ☐ Enclosed/sight of an original utility bill received within the last two months as proof of address OR current years Council Tax Bill OR last P60.
- ☐ Enclosed/sight of proof of Date of Birth
- ☐ Enclosed supporting evidence, if applicable (e.g., a letter from the family doctor/hospital consultant in support of any medical or social priority request)

|                               |  |
|-------------------------------|--|
| Preferred start term and year |  |
|-------------------------------|--|

### CHILD'S PERSONAL DETAILS

|               |               |
|---------------|---------------|
| Surname       |               |
| Forename(s)   |               |
| Date of Birth |               |
| Gender        | Male / Female |

### CONTACT DETAILS

|                                                              |                              |
|--------------------------------------------------------------|------------------------------|
| Title                                                        | Mr / Mrs / Miss / Ms / Other |
| Forename                                                     |                              |
| Surname                                                      |                              |
| Relationship to child                                        |                              |
| Do you have parental responsibility?                         | Yes / No                     |
| Address                                                      |                              |
| Postcode                                                     |                              |
| Are you registered for Council Tax at this address? Yes / No |                              |
| Telephone numbers                                            |                              |
| Home                                                         |                              |
| Mobile                                                       |                              |
| Email                                                        |                              |

## ADDITIONAL INFORMATION

|                                                                                                                                                  |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Is there a sibling on roll in this nursery or at this academy?                                                                                   | Yes / No<br><br><i>Name of sibling(s):</i>                                          |
| Is there an exceptional social or medical need for a place at this nursery?                                                                      | Yes / No                                                                            |
| <b><i>If yes, give details below. It is YOUR responsibility to provide evidence from a relevant professional in support of this):</i></b>        |                                                                                     |
|                                                                                                                                                  |                                                                                     |
| Does your child have an Education, Health and Care Plan?                                                                                         | Yes / No                                                                            |
| Is your child in Local Authority care or adopted after being in care or became subject to an adoption, residence, or special guardianship order? | Yes / No<br><br><i>If yes, please give contact details for the Local Authority:</i> |
| Is there a court order in relation to this child?                                                                                                | Yes / No                                                                            |
| Is anyone who has parental responsibility for your child a UK Service Personnel?                                                                 | Yes / No                                                                            |
| Is your child attending any playgroup or pre-school?                                                                                             | Yes / No<br><br><i>My child attends:</i>                                            |

## SESSION PREFERENCES

|           | Morning Session<br>9am-12pm<br>3 hours | Afternoon Session<br>12.00pm-3pm<br>3 hours |
|-----------|----------------------------------------|---------------------------------------------|
| Monday    |                                        |                                             |
| Tuesday   |                                        |                                             |
| Wednesday |                                        |                                             |
| Thursday  |                                        |                                             |
| Friday    |                                        |                                             |

I am applying for... .....hours as part of my free 15 / 30\* hour entitlement. \* Please delete as appropriate.  
AND/OR  
I would like to apply for .....additional hours and agree to pay the charges, currently £5.50 per hour

## YOUR DECLARATION AND SIGNATURE

1. I understand that I am required to have evidence of birthdate and evidence of address.
2. Application and attendance at the nursery does not guarantee a place in the reception class. An application must be made separately
3. I confirm that the details I have provided are accurate.
4. I agree to tell the academy if there are any changes to the details that I have provided in this form.
5. I understand that if there are no places available for my child his/her name will be entered onto a waiting list.
6. I will return this form to Gulworthy Academy, Tavistock, Devon, PL19 8JA or [gulworthy@lapsw.org](mailto:gulworthy@lapsw.org)

I understand and agree to the conditions set out in this document and I agree to the provider claiming free entitlement funding as agreed on behalf of my child. I also agree that the information provided can be shared with the local authority and Department for Education. I understand that if I have given false information on this form I may be asked to reimburse the provider.

| Parent/Carer/Guardian with legal responsibility                             |                            |                  |
|-----------------------------------------------------------------------------|----------------------------|------------------|
| If entitled to 30 hours funding, please complete the following information: | 11-digit ref number (DERN) | Parent NI number |
|                                                                             |                            |                  |
| If entitled to Tax-Free Childcare, please complete the following:           | Unique Reference number    |                  |
|                                                                             |                            |                  |
| Name                                                                        |                            |                  |
| Your Date of Birth *                                                        |                            |                  |
| Signature                                                                   |                            |                  |
| Date                                                                        |                            |                  |

***\*Why do we need this information?*** The Local Authority uses these details to confirm eligibility for Early Years Pupil Premium (EYPP) funding and other entitlements. This funding enables us to provide extra support and resources for your child's early education.

I, being a parent/guardian/person with parental responsibility for the child named understand that the school collects and uses certain types of personal information about pupils. The school is required by law to comply with statutory obligations related to education and associated functions and may be shared with other agencies for the prevention and detection of fraud and the protection of children. Personal information is dealt with properly and securely and in line with the General Data Protection Regulation (UK GDPR) and other related legislation. For further information, please see the Fair Processing Notice (Privacy Notice) which can be found on our website.

|                          |  |
|--------------------------|--|
| For school use:          |  |
| Birth Certificate Number |  |
| Proof of Address         |  |