

# Broom Barns Early Years Application Form

<b>PLEASE USE BLOCK CAPITALS</b>			
<b>Child Details</b>			
<b>First name:</b>			
<b>Middle name:</b>			
<b>Family name</b>			
<b>Date of Birth</b>	/ /	<b>Gender</b>	M / F
<b>National Health Service No.</b>	--- / --- / ---		
<b>Your relationship to the child e.g.</b> mother/father/carer/stepmother/stepfather/social worker etc.			
<b>Your child's permanent address at time of application</b>			
<b>Special Educational Needs</b> Does your child have a Statement of Special Educational Needs or an Educational Health and Care Plan (EHCP). <b>If 'yes' please provide evidence with this form.</b>			<b>Yes / No</b>
<b>At Risk</b> Is your child, or a sibling of your child, subject of an inter-agency child protection plan and been placed on the Child Protection Register. <b>If 'yes' please provide evidence with this form.</b>			<b>Yes / No</b>
<b>Children in Public Care</b> Is your child is looked after, or was previously looked after and is now adopted, or with a Child Arrangement or Special Guardianship Order. <b>If 'yes' please provide evidence with this form.</b>			<b>Yes / No</b>
<b>Social or Medical Reasons</b> Do you have a particular medical or social need to go to this school that another school cannot provide. <b>If 'yes' please provide evidence with this form.</b>			<b>Yes / No</b>
<b>If you have a sibling at this school and they live at the same address please enter their name and date of birth.</b>	<b>First name:</b>	<b>Date of birth:</b>	
	<b>Family name:</b>		
<b>Early Years setting / Preschool your child attends or has attended.</b>	<b>Name of Setting:</b>		
	<b>Address:</b>		
<b>30 hours (15 hours) free childcare HMRC code:</b>			
<b>If you have any other requirements please enter it here:</b>			

**PLEASE USE BLOCK CAPITALS**

**Please complete the details for both parents if living at the same address:**

	Parent/Carer 1 details	Parent/Carer 2 details
Title:		
First name:		
Surname:		
Date of birth:		
National Insurance Number:		
NASS - National Asylum Support Service number if applicable:		
Address:		
Email address: (block letters please)		
All telephone numbers:	Home:  Mobile:  Work:	Home:  Mobile:  Work:

**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 Broom Barns School using this information to consider my application for a nursery place. I understand that if any part of this completed application for is found false the offer of a place will be withdrawn.

I understand that the completion of an application does not guarantee a place in nursery class.  
I understand that, if offered a place in the nursery class, I have to apply separately for a place in reception (Primary).

I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.

I understand I must provide evidence at the time of application if I have answered YES to any of the criteria overleaf e.g. SEN, Medical reasons etc.

**I agree to complete, in full, and return a Nursery Declaration Form if my child is offered a place at Broom Barns Nursery.**

Signature of parent/carer:	
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**Please check you have completed the whole form and return it to the school office.**

**OFFICE USE ONLY**

Date received :		Distance:	
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## Notes to parents

### **How the information on this form will be used:**

By completing this form and signing the declaration you are agreeing for Broom Barns School, if they are oversubscribed, to check whether your child's details meet the school's published admission rules and if he/she can be offered a nursery place.

Any personal data collected will be treated as confidential under the principles of the Data Protection Act 1998. We will not use the data for any other purpose, nor will we share your data with any third parties other than the Department for Education (for statutory reporting), Hertfordshire County Council departments who may from time to time send you advice, guidance and information relating to changes to early years provision and educational service that are relevant and/or of benefit to your child, and your local children's centre who support the local authority by assisting families to access the service that children that children are entitled to.

### **Evidence required if you are applying under the following rules;**

1. Sibling - a sibling already at Broom Barns in Reception to Year 5 at time of application.
2. Distance – copy of a utility bill or Council Tax statement confirming address.
3. Children in Public Care or At Risk - a Child Arrangement or Special Guardianship Order or inter-agency child protection plan or on the Child Protection Register.
4. Special Education Needs - a Statement of Special Educational Needs or an Educational Health and Care Plan (EHCP) naming the school.
5. Social or Medical Reasons - A letter/documentation from doctor/health visitor/consultant etc. confirming child's social or medical needs. It is for the school to decide whether the evidence submitted is sufficient.