

**NURSERY SCHOOL APPLICATION FORM**

**CHILD’S FULL NAME……………..…………………………………………….Male/Female….**

**DATE OF BIRTH ……………………….** NHS Number…………………………

**Please circle which place you wish to apply for? (If you are happy to accept any part-time place**

**please circle all of them)**

**Part-time: AM - 5 Mornings – (8:40 -11:40) OR PM – 5 Afternoons (12:20 – 3:20)**

**Full time – 30 hrs (8:40 – 2:40)**

**(you will need to apply & qualify for the additional government funding)**

|  |
| --- |
| **Mothers Name Fathers Name**  |
| **Address Address**  |
|  |
|  |
| **POST CODE POST CODE**  |
| **Date of Birth Date of Birth**  |
| **NI Number NI Number** **(Parent’s date of birth & NI number are needed to enable us to carry out a two year old funding check)**  |
| **HOME TEL NUMBER ………................................. HOME TEL NUMBER ….………........................** **e-mail address e-mail address**  |

**DO YOU PAY YOUR COUNCIL TAX TO BIRMINGHAM YES / NO** The information you give will be

processed electronically and stored on computer for administrative purposes in accordance with general Data Protection Regulation (GDPR) 2018 article 6” Lawfulness of processing” and Article 9 “processing of special categories of personal “information. Please visit our website or call the school office on 0121 0360 2199 for further information about your data will be processed in accordance with our Privacy Notice.

**SIGNATURE OF PARENT /Carer ………………………………… DATE ……………..**

 Year **D.O.B**

1. **01-09-17 to 31-08-18 Possible January start 20 \_\_**
2. **01-09-18 to 31-08-19**

# 01-09-19 to 31-08-20 September Start 20\_\_\_

**2024 01-09-20 to 31-08-21** PROOF OF ADDRESS SEEN PROOF OF DATE OF BIRTH SEEN