

## **Application for admission to a Nursery Class in September 2023**

For children born between 1 September 2019 and 31 August 2020

Please read the 'Starting in a Hounslow School Nursery' brochure before completing this form. Completed forms should be returned to your preferred school by **10 March 2023.** You will need a separate form for each school.

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1. Child's details								
Child's forename	orename Child's surname							
Child's date of birth (confirmation w	vill be required)	Boy Girl (please tick)						
		mally lives. If this address is different from the ustody, 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)  Does your child have a disability or special needs which may require special attention  Yes No (please No (please))								
Details								
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 2023.								
under the staff criteria. If the re you must provide professionall	e are <b>exceptional</b> medical or socially supported evidence from a hosp	ns for your school preference. This might include consideration al reasons why your child should attend this particular school, pital consultant or social worker with this application form. It is old for which you are applying, to see if priority for admission can						
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.						
	family you may be able to get a	and Nishkam School West London) offer 15 hours of early nadditional 15 hours (30 hours intotal). To check eligibility w.gov.uk/30 hours						
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					Eveningtelephone		
Mobile					Email		
Parent/carer 2							
Title (please circle)	Mr	Mrs	Miss	Ms	Other (please state)		
Forename					Surname		
Relationship to child							
Address (if different fro	om child	d's addre	ss given o	verleaf) 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)	
Wasyour child looked after but ceased to be because they were add					·	Ves No (please tick)	
(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.