



**Ark Priory
NURSERY APPLICATION
SEPTEMBER 2022 START**

(Child must be 3 years old by the 1st Sep 2022 to start that September)



IMPORTANT

Only apply if you accept that your child will be provided a hot lunch from the school at a charge of £2.30 per day of attendance, payable by you. Pupil Premium children will be paid for by the school. This is an Ark Priory School-wide Policy.

Pupil Information

Forenames			
Surname			
Date of Birth	___/___/___	Gender (M/F)	
Child's current permanent address			
	Borough:		Postcode:
Is the child in public care, i.e. 'looked after' by a Local Authority?	<i>(If 'YES' the application must be made by the person which parental responsibility and/or a social worker)</i>		
Are there significant medical, social or special educational needs which you would like to be taken into account?	<i>(All applications made under this criterion must be supported by a recommendation in writing from a recognised professional of senior status.)</i>		
Please list any brothers or sisters already at the school <i>(This includes step and/or half brothers and sisters resident at the same address – but not cousins)</i>	Name	Date of Birth	

Session required – Please tick ✓

Full time – 30 Free Hours* Entitlement

Monday to Friday
9am - 3pm

Eligibility Code:

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OR

Part Time – 15 Hours

<div style="border: 1px solid black; padding: 5px; background-color: #f4a460;"> <p>Group A <input type="checkbox"/></p> <p>Mondays and Tuesdays (9am - 3pm) and Wednesdays (9am-12pm)</p> </div>	<div style="border: 1px solid black; padding: 5px; background-color: #4697b8; color: white;"> <p>Group B <input type="checkbox"/></p> <p>Wednesdays 12pm -3pm and Thursdays and Fridays (9am - 3pm)</p> </div>
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*To find out if you are eligible for 30H and get your code, please visit <https://www.gov.uk/30-hours-free-childcare>

£££

Optional Paid Extras

£££

to be arranged and paid for in advance

For 30 hours place Additional time:	Start at 8:30am and finish at 4pm (excluding Fridays as school closes at 3pm): £65 per week	Please tick ✓
For 15 hours place Additional time:	Group A: Start at 8:30am Mon, Tues and Wed. Finish at 4pm Mon and Tues. £35 per week	Please tick ✓
	Group B: Start at 8:30am Thurs and Friday. Finish at 4pm Wed, Thu. £30 per week	Please tick ✓

Parent/Guardian Information			
Mother's name		Father's name	
National Insurance Number**		National Insurance Number**	
Date of Birth**		Date of Birth**	
Address if different to child's		Address if different to child's	
Telephone number		Telephone number	
Email		Email	

**This data is collected to confirm eligibility for free nursery places

Before returning the form, please check and tick ✓ you have:	
Answered every question in full	
Signed the declaration	
Included any evidence of special needs, where appropriate	
Included a copy of your child's birth certificate - ORIGINALS MUST BE SEEN	
Included address evidence (<i>council tax or utility (gas/water/electricity) bill, dated in last 3 months</i>) ORIGINALS MUST BE SEEN	

Notices
Please be aware that failure to fill in all parts of this form will result in an incomplete application. Only complete applications will be accepted and counted.
Where there are more applications than places available they will be offered in accordance with the oversubscription criteria.
The information on this form is covered by the Data Protection Acts and will not be passed to any organisation unconnected with the educational needs of your child. You may view the information that we hold. The Council may check other sources of information in order to confirm details given on this form.

DECLARATION
<i>I hereby declare that to the best of my knowledge and belief the details I have given above are correct and I agree to notify the school in writing of any changes that arise. I understand that withholding information and/or giving false information could invalidate any subsequent offer of a place for my child. I give my permission for the Council/School to make any necessary checks to confirm information given that is relevant to the success of my application.</i>
Signed _____ (Parent/Guardian) Date _____
Relationship to child _____

Please return this form to:

Office Co-ordinator
Ark Priory Primary Academy
Acton Lane
London
W3 8NR

Or alternatively, hand in at school office between 8:30am – 4:25pm, Monday to Friday