



Buckland St. Mary

Church of England Primary School

SCHOOL NURSERY EXPRESSION OF INTEREST FORM

Please note that this form is an expression of interest only.

SECTION 1: CHILD'S DETAILS

Child's Legal Surname: _____ Child's Forename(s): _____

Date of Birth: _____ Gender (please tick one): Male Female

SECTION 2: SESSIONS REQUIRED

Preferred Start Date: _____ Type of Place (please tick one): 2 year old 3/4 year old

Please indicate your required pattern of attendance below:

Please note that the minimum number of hours per day that your child can attend is 3

	Monday	Tuesday	Wednesday	Thursday	Friday
9.00am-12.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.00pm-3.00pm (Includes Lunch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All day, 9.00am-3.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>For office use only:</i>					

SECTION 3: PARENT/CARER DETAILS

Full Name: _____ Relationship to Child: _____

Current Address: _____

Preferred Phone Number(s): _____

Email address: _____

SECTION 4: LOOKED AFTER CHILDREN

Is this application for a child currently in the care of a Local Authority? Yes No

SECTION 5: SPECIAL EDUCATIONAL NEEDS

Does your child have a Statement of Special Educational Needs? Yes No

If **yes**, please provide details: _____

Does your child have Special Educational Needs but does not have a Statement? Yes No

If **yes**, please provide details: _____

Language(s) spoken at home: _____

SECTION 6: DECLARATION & SIGNATURE

I understand that completing this form does not guarantee my child a place at the Nursery.

Parent/Carer Signature: _____

Parent/Carer Full Name: _____

Relationship to Child: _____

For office use only:

Date received: _____

Total Weekly Hours: _____

Place offered: _____

Total Funded Hours: _____

Date offered: _____

Total Weekly Cost: _____