

## Foundation 1 - Daisy Class Nursery Admission Application Form

<b>Child's surname</b>		<b>First name</b>	
<b>Middle name/s</b>		<b>Preferred name</b>	
<b>Name as shown on birth certificate (if different)</b>			
<b>Date of birth</b> <small>Please provide a copy of your child's birth certificate.</small>		<b>Gender: (Please circle)</b>	<b>Male/female</b>
<b>Home Address</b> <small>Please provide evidence of address, for example: a utility bill, bank statement, etc</small>			
<b>Email Address</b>	<small>This information is particularly used for your child's online learning journey and would be used to send you personal updates, as well as school letters and information</small>		
<b>Postcode</b>		<b>Home Tel No:</b>	
<b>Do you pay council tax on this property to Milton Keynes Council?</b>			<b>Yes/No</b>
<b>If you are moving into Milton Keynes please give details of the address you are moving to.</b>			
<b>Current telephone number(s)</b>		<b>Anticipated date of move</b>	
<b>Please tick one of the following three options:</b>			
I would like to apply for the 15-hour funded 08:30 -11:30 morning nursery sessions Mon-Fri only			<input type="checkbox"/>
I would like to apply for the 30-hour* funded sessions for Mon-Fri			<input type="checkbox"/>
or for the following days:			
Mon	<input type="checkbox"/>	Tues	<input type="checkbox"/>
Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>
Fri	<input type="checkbox"/>		
* A valid 30-hour code must be confirmed to be offered this option, which will require regular renewal. The funding only covers 30-hours, however you can choose to pay an additional daily cost to cover the lunch period of 11:30-12:15 which provides your child with a choice of food prepared daily in our school kitchen along with dedicated supervision for this period. Alternatively you can collect your child at 11:30 and return at 12:15.			
I would like to apply for a wraparound place** - 08:30 to 15:15 on the following days:			
Mon	<input type="checkbox"/>	Tues	<input type="checkbox"/>
Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>
Fri	<input type="checkbox"/>		
**The wraparound option is for 5 fully funded mornings (08.30 to 11.30), and then the remaining session(s) (11.30-15.15) on the chosen day(s), which includes lunch and is charged on a daily basis, half-termly in advance. I understand that failure to keep up-to-date with payments might jeopardise my child's place. If a place is available to offer there will be a formal contract to sign.			
If a place is not immediately available to offer for my chosen option, I would/would not like to go onto a waiting list***.			
***Please note that if a space becomes available it will be offered to the first child on the waiting list at that time. The waiting list will be held in order of the school's published over-subscription criteria, which means that a child's position on the list can go down as well as up as new children are added.			
<b>The school normally serving my area is:</b>			

Headteacher: Mrs Lorraine Quirk

Singleton Drive, Grange Farm, Milton Keynes, MK8 0PZ T: 01908-867356 F: 01908-867165

[school@ctsmk.org.uk](mailto:school@ctsmk.org.uk) [www.ctsmk.org.uk](http://www.ctsmk.org.uk)

<b>I confirm that this is my first preference for my son/daughter. Yes/No</b>			
<b>My reasons for stating this preference eg: religious grounds, etc, are:</b>			
<b>Have you applied to any other nursery school?</b>	<b>Yes/no</b>	<b>If yes which nursery school:</b>	
<p><i>Please note that taking up a place in Foundation 1 Daisy Class does <u>not</u> guarantee a place in the main school for Foundation 2/Reception. At the appropriate time you must complete one of Milton Keynes Council online Admission Application Forms. Please telephone 01908 253338 or visit the council website for further information: <a href="http://www.milton-keynes.gov.uk/schools-and-lifelong-learning/school-admissions">http://www.milton-keynes.gov.uk/schools-and-lifelong-learning/school-admissions</a></i></p>			
<b>Names and dates of birth of brothers or sisters currently and who will still be in attendance at Christ the Sower School at the expected time of admission:</b>			
<b>Full name</b>		<b>Date of birth</b>	
<b>Full name</b>		<b>Date of birth</b>	
<b>Full name</b>		<b>Date of birth</b>	
<b>Does your child have any younger brothers /sisters who may be coming to this school in the future? If so give their names and dates of birth below:</b>			
<b>Full name</b>		<b>Date of birth</b>	
<b>Full name</b>		<b>Date of birth</b>	
<b>Full name</b>		<b>Date of birth</b>	
<b>Please give details of any special family circumstances of which the school should be aware:</b>			

<b>Nursery/playgroup currently attending:</b>		<b>Date started</b>	
<b>Does your child have a statement of special educational needs? If yes please specify:</b>			<b>Yes/No</b>
<b>Is your child looked after by a Local authority? If yes please state which one:</b>			
<b>Medical details</b>			
<b>Name of family doctor</b>		<b>Telephone number</b>	
<b>Doctors Surgery address</b>			
<b>Are there any medical problems likely to cause difficulty or be relevant while attending this school e.g.: emotional, diet, allergies, fits, diabetes, medication taken, etc. Please state below:</b>			
<b>Please state details of regular medication, including asthma inhaler:</b>			
<b>Is your child allergic to plasters?</b>			<b>Yes/No</b>

#### PUPIL PREMIUM AND FREE SCHOOL MEAL ELIGIBILITY

In order for us to confirm your child's eligibility for Free School Meals and Pupil Premium, please can you fill in the following section: This might entitle the school to claim additional funding from pupil premium.

**First Parent Name:** \_\_\_\_\_ **First Parent Date of Birth:** .....

**First Parent National Insurance Number** .....

**Second Parent Name:** \_\_\_\_\_ **Second Parent Date of Birth:** .....

**Second Parent National Insurance Number** .....

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**Ethnic information:**

The Department for Education and Skills requires schools to report information about the number of pupils from each minority ethnic group on its annual census of schools. It would be greatly appreciated if you could complete the details below.(please circle)

<p><b>Religion:(please circle)</b></p> <p>Buddhist, Christian, Hindu, Jewish, Muslim, No religion, Sikh</p> <p>Other: ..... (please specify)</p>	<p><b>First Language (language spoken at home): (please specify)</b></p> <p>.....</p>		
<p><b>Country of Birth:</b> .....</p> <p><b>Nationality:</b> .....</p>			
<p><b>Ethnic origin:(please circle)</b></p> <p>Bangladeshi, Black Caribbean, Chinese, English, Ghanaian, Gypsy/Roma, Sierra Leone, Indian, Irish, Italian, Japanese, Nigerian, Other Black African, Other white, White British, Pakistani, White European, Scottish, Somali, traveller of Irish heritage, Welsh, White plus Asian background, White plus Black African, white plus Black Caribbean, White plus Indian, White plus Pakistani.</p> <p>Other ethnic group: .....(Please specify)</p>			
<p><b>Emergency contact numbers:</b></p>			
<p style="color: red;">It is very important that the school is able to contact you during the day should there be a problem with your child. Please provide daytime contact telephone numbers/addresses of those people we can contact and list them in the order you wish us to make contact, Including both parents where possible. Unless an order under the Children Act 1989 is in force, we are obliged to treat all those with parental responsibility equally and they are entitled to receive school reports and participate in the exercise of other parental rights, such as voting, attending parent's evenings, etc.</p>			
<p><b>Mother's name</b></p>		<p><b>Mrs/Miss/Ms/other title</b></p>	
<p><b>Daytime telephone number</b></p>			
<p><b>Daytime address</b></p>			
<p><b>Home Address</b></p>			
<p><b>Home telephone number:</b></p>			
<p><b>Mobile telephone number:</b></p>		<p><b>Contact priority (please circle)</b></p>	<p>1, 2, 3, 4</p>

<b>Father's name</b>			
<b>Daytime telephone number</b>			
<b>Daytime address</b>		<b>Mr/other title</b>	
<b>Home Address</b>			
<b>Home telephone number:</b>			
<b>Mobile telephone number:</b>			
Please state if the child's parents are separated, divorced or deceased and if the child is part of a single parent family. Please also give any details of any changes of name.			
<b>Other contact person</b>		<b>Contact priority (please circle)</b>	1, 2, 3, 4
<b>Daytime telephone number</b>			
<b>Daytime address</b>	<b>Mr/Mrs/Miss/Ms/other title:.....</b>		
<b>Relationship to child</b>			
<b>The person who completes this form please complete the section below</b>			
<b>Signed</b>	Step parent/grandparent/guardian/contact person/childminder/other relative (please state e.g. Aunt/Uncle) .....	<b>Contact priority (please circle)</b>	1, 2, 3, 4
<b>Name (please print)</b>			
<b>Relationship to child</b>		<b>Date WHEN FORM COMPLETED:</b>	

Please return this form to the school office as soon as possible

