

I am applying for: (Please choose)		AM 8:40am - 12:00pm	<input checked="" type="radio"/>	Full Time (for 30hrs Free Childcare only) 8:40am -3:10pm-Mon to Thurs 8:40am - 2:00pm - Fridays	<input type="radio"/>
Surname:		First Name(s):			
Date of Birth:		Gender:	Male <input checked="" type="radio"/>	Female <input type="radio"/>	
Address:					
Full Postcode:		Home Tel Number:			
Contact Information					
Parent / Carer 1			Parent / Carer 2		
Surname:			Surname:		
First Name			First Name		
Relationship to child:			Relationship to child:		
Address: (if different from the child)			Address: (if different from the child)		
Home Number:			Home Number:		
Work Number:			Work Number:		
Mobile:			Mobile:		
Email:			Email:		
In an emergency who should be contacted first? Parent / Carer 1 <input type="radio"/> Parent / Carer 2 <input type="radio"/>					
Emergency Contacts (Must be different to parent contacts)					
Surname:			Surname:		
First name:			First name:		
Relationship to child:			Relationship to child:		
Address:			Address:		
Home Number:			Home Number:		
Work Number:			Work Number:		
Mobile:			Mobile:		
Acceptable ID for applications - 3 forms of ID required, must include 1 from each section below					
Child's passport &			Council tax bill OR Utility Bill		
Child's Birth certificate					

Medical Information

Medical Practice:

Address:

Telephone Number:

Medical Conditions / Food Allergies (If there are none please state this):

Are your child's immunisations up to date? Yes No **Red book checked: Yes No**

I agree to my child receiving hospital treatment if the staff decide this is necessary.

Signed: _____ **Date:** _____

Ethnic Monitoring - Answer ALL questions please

Ethnicity: <small>(Please choose from attached list only)</small>	Home Language:		
First Language:	Religion:		
Are you an asylum seeker/refugee: Yes <input type="radio"/>	No <input type="radio"/>	English additional language? Yes <input type="radio"/>	No <input type="radio"/>
Date of arrival to the UK:	Country of Origin:		
Nationality:			

Additional Information

You may be eligible for a 30hrs free nursery place if you are working parents
 Please check with HMRC: <https://childcare-support.tax.service.gov.uk/par/app/applynow>
30 hrs eligibility code: _____ Parent NI Number: _____

Does your child have any siblings at Millfields? (Siblings must still be in school when your child starts) Yes No

Name of sibling:	Class:
Name of sibling:	Class:
Name of sibling:	Class:
Main mode of travel to school: (Choose one only)	Bus <input type="radio"/> Car <input type="radio"/> Cycle <input type="radio"/> Taxi <input type="radio"/> Train <input type="radio"/>
	Walk <input type="radio"/> Other: <input type="radio"/>

Meals (Please choose one)

You must have evidence of Free School Meals entitlement from Hackney Learning Trust to be eligible.

Free Home Packed lunch School Meal

Special Dietary Needs: Halal Kosher No beef Gluten Free Vegetarian

Choose any and all appropriate needs. No pork No nuts No seafood Other: _____

School History

Previous Setting: Nursery Childminder Childrens Centre None

Name and address of setting:

Is your child a Looked after child? Yes No

Does your child have a medical, social or emotional need to be at Millfields? Yes No

Is parent a teacher in Hackney (within 1 mile of Millfields) Yes No

Evidence will be required if you applying under any of the above 3 categories

Declaration and consent for EYPP check

I wish to apply for a nursery place at Millfields Community School.	<input type="checkbox"/>
I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge.	<input type="checkbox"/>
I understand that any false or deliberately misleading information given on this form and/supporting information may render this application invalid, or lead to the offer of a place being withdrawn.	<input type="checkbox"/>
I understand that I will be required to provide proof of address and my child's date of birth upon making an application	<input type="checkbox"/>
I have read the guidance attached to this form and I understand that there is no automatic transfer to the reception class, a separate application is required.	<input type="checkbox"/>
I give consent for Hackney Learning Trust to check my details so that if I am eligible for the Early Years Pupil Premium (EYPP) , the nursery can receive additional funding	<input type="checkbox"/>

Child's first name:	Surname:	Date of Birth:
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Insert below name of parent for checking eligibility;

First name:	Middle name:	Surname:
Date of Birth	National Insurance number or NASS number	
Parent / Carers signature	Date:	

ETHNICITY CATEGORIES

Please choose from the following when completing your Nursery application form.

Main Category	Extended Category	Extended Category
White	English Scottish Welsh Cornish	Greek / Cypriot Turkish Turkish Cypriot Eastern European
	Any Other White British	Western European
	Irish Traveller of Irish Heritage	White Other Gypsy / Roma
	Albanian	Afghan or Kurdish
	Mixed	White & Black Caribbean White & Black African
Asian or Asian British	Indian or Pakistani	Bangladeshi or Chinese
Black or Black British	Caribbean	African/ Any other Black background
Any other Ethnic Group	Latin	Any other Ethnic group

Office use only:

Priority Code: LAC EMS TEA SIB DIST
 Dist from school: _____ miles

School stamp	Application date:
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