

EARLY YEARS APPLICATION FORM: Ashwell Primary School

PLEASE USE BLOCK CAPITALS

Return completed forms to:

Mrs T Bowen

School Business Manager

Ashwell Primary School, Silver Street, Ashwell, Baldock, Herts SG7 5QL

Child details

First name:						
Middle name:						
Family name:						
Date of Birth:	/	/			Gender:	M/F
NHS number:			_ _ /			_ _ _ _
Your relationship to the child: (e.g. mother/father/carer/ stepmother/father/ social worker)						
Your child's permanent address (at time of application)						
Address:						
Special Educational Needs <i>Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?</i>						Yes/No
At risk <i>Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</i>						Yes/No
Children in Public Care <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</i>						Yes/No
Social or medical reasons <i>Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i>						Yes/No
If you have a sibling at this school, enter their name and date of birth:						
Early years setting child attends or has attended (if applicable)						
Tick the days you want your child to attend:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
AM						
PM	N/A	N/A	N/A	N/A	N/A	N/A
All Day	N/A	N/A	N/A	N/A	N/A	N/A

If applying for 30 hours free childcare, please provide your HMRC code:		
If you have any other requirements please enter here:		
Please complete the details for both parents if living at the same address:		
	Parent/carer 1 details	Parent/carer 2 details
Title:		
Forename:		
Surname:		
DOB:		
National Insurance Number:		
National Asylum Support Service (NASS) Number (if applicable):		
Address:		
Email address:		
Telephone numbers		
Daytime:		Mobile:
I confirm that the details above are correct to the best of my knowledge.		
Signature of parent/carer:		
OFFICE USE ONLY:	Date Received:	
	Distance:	