



## BERNARDS HEATH INFANT AND NURSERY SCHOOL

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 Head: Mrs H. Rimmer



### NURSERY APPLICATION FORM: BERNARDS HEATH INFANT AND NURSERY SCHOOL

PLEASE USE BLOCK CAPITALS			
<b>Child's details</b>			
<b>First name:</b>			
<b>Middle name:</b>			
<b>Surname:</b>			
<b>Date of Birth:</b>	/ /	<b>Gender:</b>	M/F
<b>NHS number:</b>	_ _ _ / _ _ _ / _ _ _ _		
<b>Your relationship to the child:</b> (e.g. mother/father/carer/ stepmother/father/ social worker)			
<b>Do you have legal parental responsibility?</b> Yes / No    (please circle as appropriate)			
<b>Your child's permanent address (at time of application)</b>			
<b>Address:</b>			
<b>Children in Public Care</b> <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>	<b>Yes/No</b>		
<b>At risk</b> <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>	<b>Yes/No</b>		
<b>Special Educational Needs</b> <i>Does your child have an Educational Health and Care Plan (EHCP)?</i>	<b>Yes/No</b>		
<b>Social or medical reasons</b> <i>Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i>	<b>Yes/No</b>		



<b>Are you deferring your child's entry to reception until 2019?</b>		<b>Yes/No</b>
<b>Does your child have a sibling already in attendance at this school or at Bernards Heath Juniors?</b>  <b>If yes enter their name and date of birth in the box below:</b>  <b>Name of Sibling:</b> _____ <b>DOB:</b> _____  <b>Name of Sibling:</b> _____ <b>DOB:</b> _____  <b>Name of Sibling:</b> _____ <b>DOB:</b> _____  <b>Name of Sibling:</b> _____ <b>DOB:</b> _____		<b>Yes/No</b>
<b>Has your child previously attended an Early Years setting e.g. a Pre-School or Nursery? (If yes please write the name of the setting below)</b>  		
If you have any other requirements please enter here:		
<b>Please complete the details for both parents if living at the same address:</b>		
<b>Parent/carer 1 details</b>		<b>Parent/carer 2 details</b>
<b>Title:</b>		
<b>Forename:</b>		
<b>Surname:</b>		
<b>DOB:</b>		



**Please complete the details for both parents if living at the same address:**

<b>Parent/carer 1 details</b>		<b>Parent/carer 2 details</b>	
<b>National Insurance Number:</b>			
<b>National Asylum Support Service (NASS) Number (if applicable):</b>			
<b>Address:</b>			
<b>Email address:</b>			
<b>Telephone numbers</b>			
<b>Daytime:</b>		<b>Mobile:</b>	
<b>I confirm that the details above are correct to the best of my knowledge. I agree that, in applying for a place at Bernards Heath Infant and Nursery School, the school will be the primary provider for the universal 15 hours</b>			
<b>Signature of parent/carer:</b>			
<b>OFFICE USE ONLY:</b>	<b>Date Received:</b>		
	<b>Distance:</b>		

