Morgans School NURSERY APPLICATION FORM 2025-26

PLEASE USE BLOCK CAPITALS												
Child's First name:												
_	hild's Mid											
_	urname:											
Currianio.				1 1								
Date of Birth:				Please provide a copy of the child's birth certificate with this application				Gender:				
NHS number:							/ _	//				
Your relationship to the child: (e.g. mother/father/carer/stepmother/father/ social worker)												
Y	our child's	s permane	nt address	(at time of	application	on)						
Address:												
	pecial Edu											
	Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)? Yes / No								No			
A	At risk Is your child, or a sibling of your child, subject of an inter-agency child											
p	protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form) Yes / No								No			
C	Children in Public Care Is your child looked after, or was previously looked								No			
g	guardianship order?											
Social or medical reasons Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)								No				
(Please provide supporting evidence with this form) If you have a sibling at this school, enter their name and date of birth:												
	arly years r has atter	_	nild attends plicable)	5								
I am applying for a 15 hour place, 3 hours a day, Monday to Friday. I understand that the places are allocated due to DOB. Yes / No												
I understand my child will be offered a place in the 15 hour Nursery session according to their DOB. If spaces are available I would like my child to be Morning 8.30-11.30am Afternoon 12.30-3.30pm												
placed on a waiting list for a morning/ afternoon session. Please indicate your 3 choices of sessions for the 15 hour allocation. (AM 8.30-11.30am PM 12.30-3.30pm)												
							Friday					
1												
2												

3									
I am applying for 3 day, 8.30am to 2.30			Yes / N	lo	If yes please provide your HMRC eligibility code:				
I am applying for 3 free childcare, 6 he day, 8.30am to 2.30 wish to collect my 3.30pm and agree for the additional I a half-termly basis	ours a Opm I child at to pay nours on	If you have any other requirements please enter here:							
YES I agree									
NO I will collect at	2.30pm								
Please complete the details for both parents if living at the same address:									
Title:		Parent 1			Pai	rent 2			
Forename:									
Surname:									
DOB:									
National Insurance	Number:								
National Asylum S Service (NASS) Nu applicable):									
Address:									
Email address:									
Telephone numbers:									
Daytime:			M	obile:					
I confirm that the details above are correct to the best of my knowledge.									
Signature of parer									
OFFICE USE ONLY:		Date Received	:						
		Distance:							

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for local authority purposes.

I agree with Morgans School using this information to consider my application for a nursery place. I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.

I understand that the completion of an application form does not guarantee a place in the nursery class.

I understand that, if offered a place in the nursery class, I will have to apply separately for a place in reception.

Child's name:	D.O.B:
Signature of parent/guardian:	Date:

Thank you for completing this information. Please return to the school office with a copy of the child's birth certificate at the latest by 07 March 2025.

Notes to parent

How the information on this form will be used:

By completing this form and signing the declaration you are agreeing for Morgans School, if they are oversubscribed, to check whether your child's details meet the school's published admission rules and if he/she can be offered a nursery place.

Any personal data collected will be treated as confidential under the principles of the Data Protection Act 1998. We will not use the data for any other purpose, nor will we share your data with any third parties other than the Department for Education (for statutory reporting), Hertfordshire County Council departments who may from time to time send you advice, guidance and information relating to changes to early years provision and educational services that are relevant and/or of benefit to your child, and your local children's centre who support the local authority by assisting families to access the services that children are entitled to.

Children who have been adopted from care or are subject to a special guardianship order or a child arrangements order.

Eligibility will be based on your declaration that your child was formerly a looked after child and on the evidence of their status e.g. a copy of the relevant order. This form and a copy of the relevant order should be seen by the school and they will confirm with Hertfordshire County Council that they have seen confirmation and enable a place to be offered under this criteria.