PLEASE USE BLOCK CAPITALS

Child details

First name		Preferred name	
Surname		Date of Birth:	/ /
NHS number:		Gender:	M/F

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 *Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?*	*Yes/No*
At risk *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? (Provide evidence with this form)*	*Yes/No*
Children in Public Care *Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?*	*Yes/No*
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)*	*Yes/No*

If you have a sibling at The Leys Primary and Nursery, enter their name and date of birth:	
Early years setting child attends or has attended (if applicable)	

Tick the hours you would prefer to attend		
Mornings: 8:45am – 11:45am	Afternoons: 12:30pm – 3:30pm	30 Hours: 8.45am -2.45pm

30 Hour HMRC Code: Valid from:	

Empathy   Inclusivity   Respect   Aspiration   Determination   Empowerment

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:	