[](http://www.cambridgeshire.gov.uk/)

# St Matthew’s Primary School

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Headteacher: Mr T. Davies

## St Matthew’s Primary School NURSERY ADMISSION FORM

Please take the completed application with the following documentation to St Matthew’s Primary School:

* *Proof of your home address &*
* *Proof of your child’s date of birth (full birth certificate)*

The Local Authority (LA) works closely with Nurseries to ensure that information received is correct. Any parent giving incorrect information may have their offer of a place withdrawn. Admission to a particular primary school is not determined by attendance at a particular Nursery school.

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| 1. YOUR CHILD Family Name: ………………………………… First Name(s):…………………………….…  Home Address:  Postcode:  Nationality …………………… Male: ⬜ Female: ⬜ Date of Birth: …………………..   * Is the child Looked After (i.e in the care of a local authority/fostered)? YES/ NO * Are you eligible for maximum Working Families’Tax Credit or in receipt of unemployment benefit or income support? YES/NO   **Does your child have any of the following**:  • Special Educational Needs (as identified by a relevant education professional)? YES/NO  • A severe and long-term medical need? YES/NO  If you have answered yes to either of the above, you **must** provide further information on the back of this form or on a separate sheet, together with copies of all relevant supporting documentation. You should also provide contact details of the relevant professional(s), e.g. your child’s medical consultant or paediatrician, whom we will contact for additional information.  **Child’s ethnic group (please tick appropriate category from the choice below)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | White British |  | White/Black Caribbean |  | Indian |  | | White Irish |  | White/Black African |  | Pakistani |  | | Traveller of Irish Heritage |  | White and Asian |  | Bangladeshi |  | | Gypsy/Roma |  | Other mixed background |  | Other Asian background |  | | Other White background |  | Black Caribbean |  | Chinese |  | | Refuse to provide |  | Black African |  | Any other background |  | | Info not obtained |  | Other Black background |  |  |  |   First Language……………………………… Second Language (if applicable)……………………………  Country of Birth……………………………………………………………………………………….. |
| 2. SIBLINGS – If there are other children who have attended/will be attending the nursery school when this child starts, please complete this section. **Name Date of Birth**  ……………………………………….. ………………………………………  …………………………………………… ………………………………………….. |

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| **3. ADMISSIONS APPLICATIONS FROM OUTSIDE THE UK**  Date of arrival in the UK: …………………………………………..……………………………………..  Length of stay In the UK: ………………………………………………………………………………….  Reason for being in the UK: …………………………………………………………………………….  You will need to provide confirmation that the child is yours and that he or she is entitled to education in this country. Please attach a photocopy of your child’s passport. |
| **4. YOUR DETAILS**  Title:  Forname: …………………….. Surname: ……………… Date of birth:  National Insurance Number:   National Asylum Seeker’s Reference: ……………………………………………..  Relationship to child: … ……………………………………………………………………………………  Address (if different from section 1): …………………………………………………………………….  ………………………………………………… Postcode: …………………………………………...  Home Telephone No …………………………… Other Contact/Mobile No ………………………….  Email address: …………………………………………………........ Signature: ……………………  **Other Adult(s) with Parental Responsibility for the child**. (Having parental responsibility for the child, means assuming all the rights, duties, powers, responsibility and authority that a parent of a child has by law). **(All adults with parental responsibility should sign this form, where possible.)**  Title:  Forname: …………………….. Surname: ……………… Date of birth:  National Insurance Number:   National Asylum Seeker’s Reference: ……………………………………………..  Relationship to child: … ……………………………………………………………………………………  Address (if different from section 1): …………………………………………………………………….  ………………………………………………… Postcode: …………………………………………...  Home Telephone No …………………………… Other Contact/Mobile No ………………………….  Email address: …………………………………………………........ Signature: ……………………  I understand that my information will be shared with Cambridgeshire County Council and will be held by them in  accordance with the Data Protection Act 2018 and will be shared with other bodies administering public funds to  determine the support available, to verify my initial and ongoing entitlement to Early Years Pupil Premium and other  Education Welfare Benefits and for the prevention and detection of fraud in connection with this claim. I give  permission for the Cambridgeshire County Council Education Welfare Benefit Service to make periodic checks  using the secure benefit checking system to confirm my entitlement to education benefits. For information on how  the Local Authority handles personal data please see a copy of the Privacy Notice  <http://www.cambridgeshire.gov.uk/info/20044/data_protection_and_foi/148/information_and_data_sharing/5> |

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| **5. YOUR NURSERY PLACEMENT PREFERENCE**  I wish to apply for 15 hours per week at St Matthew’s Primary School Nursery  I am also submitting an application form to … ……………. …….Nursery to request ……… hours per week at their nursery. |
| **6. ARE YOU APPLYING FOR 30 HOURS FUNDING?** YES/NO  My authorisation code is ………………………………………..  You can check you are eligible and obtain your code via the Childcare Service Eligibility Checking System (ECS) using the following link: <https://childcare-support.tax.service.gov.uk/> |
| **8. PARENT/CARER DECLARATION FOR EARLY YEARS FUNDING AND PUPIL PREMIUM**  **What is Early Years Funding?** The government makes 570 hours of free early learning and childcare available per year for:  **Universal entitlement** -All three and four year olds are entitled; eligible date of birth is the only criterion  **Extended entitlement** - Three and four year olds of working parents may be eligible if certain criteria is met  The 570 hours as a maximum translates to 15 hours a week over 38 weeks.  Before completing this form, please make sure you have read the Information Leaflet which can be found on the county webpages. Go to [cambridgeshire.gov.uk/](http://www.cambridgeshire.gov.uk/) and search for ‘Early Years Funding’.  Please tick and complete if you are able to let us know if the child meets one of these criteria. Your provider may ask to see legal documentation so that they can obtain the funding for your child.   |  | | --- | | ⬜ Currently in care, state which Local Authority: | | ⬜ Previously in care in England or Wales | | ⬜ Has been adopted from care in England or Wales | | ⬜ Has left care under a special guardianship order or residence order in England or Wales |   **Disability Access Funding (DAF)** If your child is in receipt of Disability Living Allowance (DLA) please select Yes below. Let your provider have a copy of the letter confirming the child’s entitlement to DLA in order to access DAF. If your child is attending more than one provider, you will need to nominate only one setting where you wish the DAF to go. Your provider will give you information about the DAF.  Is your child in receipt of Disability Living Allowance? Yes / No  If your child is eligible, who will be your Nominated Provider? ………………………………………………….. |
| **DECLARATION**  In signing this form I am confirming I have read the Information leaflet which gives details of the Early Years Funding for parents/carers. I agree with the conditions of the Early Years Funding and Pupil Premium and the use of my data. I understand that:   * My provider is not obliged to end the claim without reasonable notification and negotiation unless there are exceptional circumstances. * My free place may be withdrawn if my child does not attend regularly unless there are special circumstances and these are agreed with the provider. * **Data Protection**: We collect your details to process your application for Early Years Funding and to contact you about related EY funding issues and tasks in accordance with The Early Years Funding Agreement.   In addition we can be required to share information with our partners, for example health organisations, to improve the wellbeing of children in Cambridgeshire area as required by the Children Act 2004. Information shared between partner organisations is proportionate and only given when it is necessary to help those partner organisation services with their legal obligations.  We are required to provide statistical data to the Department for Education. We also use statistical data for our own internal research, statistical analysis or statistical surveys to help manage our service provision, and also share data with academic institutions or independent researchers with a legitimate need for information for their research.  All Early Years Funding application data is stored securely and maintained in accordance with the Data Protection Act. Cambridgeshire online systems that are publicly available for entry of personal application data are regularly independently tested to assess risk of penetration and to guard against unauthorised entry for access to personal or any other data. This includes ensuring that the username and password access meets industry standards  *Further information about how we collect and use data, and your rights around this, can be found on our Privacy page on our website:* [*www.cambridgeshire.gov.uk/privacy*](http://www.cambridgeshire.gov.uk/privacy) ***.*** *Our Data Protection Officer can be contacted via* [*data.protection@cambridgeshire.gov.uk*](mailto:data.protection@cambridgeshire.gov.uk) *or 01223 699137.*  I confirm that the information is true to the best of my knowledge. I understand that any false or incorrect information could lead to funding being withdrawn or reimbursed. Please be aware that to certify false information could be viewed as making a false claim.  **Signature of Parent/carer with legal responsibility:**  **Date :**  **Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child** |
| ***OFFICE USE ONLY***   |  |  | | --- | --- | | *Type of identity seen* |  | | *Proof of address & document date* |  | | *Checked by* |  | | *Date seen* |  | | *Full legal name of child* |  | | *Date of Birth* |  | | *Full name of 1st Parent/Legal Guardian* |  | | *Full name of 2nd Parent/Legal Guardian* |  | |  |  | |