



REAY PRIMARY SCHOOL
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NURSERY APPLICATION FORM

DATE DUE

Applying for: 30 Hours Free Full time place ☐ Top Up Full time place ☐
Morning place (with lunch) ☐ Afternoon place ☐
(8:45am – 11:45am) (12noon – 3.15pm)

PLEASE NOTE; If selecting a morning only or full time place, lunch at school is part of that session and is supplied if entitled to Free School Meals, and charged £2.90/day if not.

DETAILS OF CHILD:

SURNAME

OTHER NAME/S

GENDER DATE OF BIRTH

ADDRESS

..... POSTCODE

Has the child got a sibling at Reay School?	YES/NO
Is the child Looked After (i.e in the care of a local authority or fostered/adopted)?	YES/NO
Is the child recommended for a full time place by a TAC locality or disability panel?	YES/NO
Is the parent/carers entitled to receive Income Support, Child Tax Credit, Unemployment Benefit or Pensions Credits?	YES/NO
Is the child entitled to apply for 30 hours free	YES/NO
Does the child have an EHCP	YES/NO
Does the child have particular health/medical needs?	YES/NO

If Yes, please give details:

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If you answered **YES** to any of the above, you must provide **further information** together with all **relevant supporting documentation**.

If you are applying for a 30 hours free childcare place please provide us with the following information:

Surname of Parent/Carer _____ NI or NASS number _____

Date of birth of Parent/Carer _____

DETAILS OF PARENTS/CARERS:

NAME OF 1st PARENT /CARER

NAME OF 2nd PARENT /CARER

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TELEPHONE NUMBER/S

EMAIL

OTHER CHILDREN IN FAMILY:

FULL NAME

DATE OF BIRTH

SCHOOL ATTENDING

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BOROUGH OF RESIDENCE:

SIGNATURE OF PARENT/CARER: **DATE**

For office use only:

Birth Certificate Seen: Yes/No Seen by

Date:

Proof of Residence Seen: Yes/No Seen by

Date:

(A recent child benefit, child tax credit or council tax letter)