

Application for admission to a Nursery Class in September 2024

For children born between 1 September 2020 and 31 August 2021

Please read our 'Starting in a Hounslow School Nursery' brochure before completing this form. Completed forms should be returned to your preferred schools by **8 March 2024**. You will need a separate form for each school.

| returned to your preferred schools | by 8 March 2024 . You will ne | ed a separate form for each | າ school. |
|---|---|--|--|
| 1. Child's details | | | |
| Child's forename | | Child's surname | |
| Child's date of birth (confirmation v | vill be required) | Boy Girl | (please tick) |
| Child's home address (This must be parent/carer address, please give | | | |
| | | | Postcode |
| Does your child have a Statement of Special Educational Needs or E Health and Care Plan (EHCP) Does your child have a disability or special needs which may require | | | Yes No (please tick) Yes No (please tick) |
| Details | | | |
| - Details | | | |
| 2. School Preference | – Hounslow Schools O | nly | |
| Please read the 'Starting in a H | ounslow School Nursery' brod | hure carefully before comp | leting this form. |
| Write the name of the school information form (SIF) to any F | you wish to apply for in the box b Faith School or Academy, by the c | • | ired to submit a supplementary |
| 2. Please give the name and date | e of birth of any older sibling* wh | o will still be attending the | preferred school in September 2024 |
| under the staff criteria. If there must provide professionally su | e are exceptional medical or socia pported evidence from a hospital | I reasons why your child sh consultant or social worker | nce. This might include consideration ould attend this particular school, your with this application form. It is very a see if priority for admission can be |
| 1. Name of School | 2. First name, surname and date of birth of any sibling* already attending the school | exceptional medical or so supporting documents fro | see note above). Priority under ocial grounds will only be considered if om a consultant, social worker, or other are attached to your form. |
| | | | |
| All Hounslow infant and primary seducation. If you are a working fasee the schools that offer 30 hour | mily you may be able to get an ac | dditional 15 hours (30 hours | |
| Are you applying for 15 hours? | | | Yes No (please tick) |
| Are you applying for 30 hours? (I | Please check you are eligible befo | re selecting) | Yes No (please tick) |
| If 20 hours cannot be offered to w | ou do vou still wich to be consid | ared for a 1E hour place? | Voc No (place tick) |

| 3. Parent's / carer's details | |
|---|---|
| Parent/carer 1 | |
| Title (please tick) Mr Mrs Miss Ms | Other (please state) |
| Forename | Surname |
| Relationship to child | |
| Address (if different from child's address given overleaf) with reasons | |
| | Postcode |
| Daytime telephone | Evening telephone |
| Mobile | Email |
| Parent/carer 2 | |
| Title (please tick) Mr Mrs Miss Ms | Other (please state) |
| Forename | Surname |
| Relationship to child | |
| Address (if different from child's address given overleaf) with reasons | |
| | Postcode |
| Daytime telephone | Evening telephone |
| Mobile | Email |
| 4. Looked after children and Previously Look | ed After children |
| Is your child in the care of a Local Authority? | Yes No (please tick) |
| Was your child looked after, but ceased to be so because they were (or became subject to a child arrangement order or special quardians | · I I I |
| If yes, please state which Local Authority and Social worker's name | hip order). Yes No (please tick) |
| If yes, please provide a letter from the social worker confirming the le | • |
| child is/was in care, or a copy of child arrangement or special guardia | nship order (if applicable). |
| Declaration and signature of parent / carer | |
| • I wish to apply for a place at the school named in Section 2. | |
| • I certify that I am the person with parental responsibility for the of the best of my knowledge and belief. | child named on page 1 and that the information given is true to |
| I understand that any false or deliberately misleading information this application invalid, or lead to the offer of a place being with | , , , |
| Parent's/carer's signature | Date |
| Print name | Relationship to child |
| | |

In accordance with the Data Protection Act 2018, the London Borough of Hounslow (the Council) will use your information for the purpose of processing your application for a nursery class place, to (a) deal with your requests and administer its departmental functions: (b) meet its statutory obligations; and (c) prevent and detect fraud. The Council may share your information (but only the minimum of information necessary to do the above and only where it is lawful to do so) with other departments within the Council (including the elected members), central government departments, law enforcement agencies, statutory and judicial bodies, community service providers and contractors that process data on its behalf. The Council may also use and disclose information that does not identify individuals, for research and strategic development purposes.