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Wootton St Peter's CE Primary School

Wootton Village

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**Wootton St Peter's CE Primary School Nursery Application Form**

Thank you for your interest in our nursery. To add your child's name to our waiting list, please complete this form and return to the school office. **We also require proof of your address and a copy of your child's birth certificate.**

You are welcome to visit our nursery during term time between 9:30am and 10:30am or 1:30pm and 2:30pm. Please make an appointment with the office. We would also encourage you to look at our website for further information.

**Section 1: Personal Details**

Child's Name .....

Date of Birth ..... Gender .....

Parent Name(s) .....

.....

Address .....

.....

..... Post Code .....

Contact Telephone number ..... (home)

..... (work)

..... (mobile)

Email address .....

Does your child have any Special Educational or Physical Needs? (If so, please give brief details)

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**Section 2: Nursery Details**

All children between the ages of 3 and 5 are entitled to 15 hours of universal funding, which takes effect from the term that follows their 3<sup>rd</sup> birthday. At Wootton, these 15 hours are offered as 5 mornings per week or 5 afternoons per week. Universal entitlement (15 hours) does not require a code. We also have a limited number of 30-hour funded spaces available to children eligible for the 'extended' 15 hours per week.

From what date are you hoping your child to start? .....

(Children may join the nursery from the term that follows their 3<sup>rd</sup> birthday, please indicate if you would prefer your child to start at a later date.....

**Childs 3rd birthday falls between**

**Earliest start date**

1 April - 31 August

September

1 September - 31 December

January

1 January - 31 March

April

**Do you have a preference for a morning (8:30am – 11:30am) or afternoon (12noon – 3:00pm) place?**

If so, please state which and give a brief reason for your choice.

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*(Please note, we cannot guarantee your choices, but will do our best to accommodate your preferences)*

Do you believe your child is eligible for the 30-hour funding and would you like a full time place (i.e. mornings and afternoons)?

.....

If you already have a 30-hour code, please complete the details below:

National Insurance Number:   .....

30-hour Funding Code:   .....

**Section 3: Health and Development**

Does your child have any on-going medical conditions?      Yes / No

If yes, please specify, include any external agencies e.g. paediatrician, speech and language etc.

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.....

**Details of professionals involved with your child**

GP's name and telephone number .....

Health Visitors name and telephone number .....

Any other professional who is in regular contact with your child .....

.....

Does your child have any allergies for food or intolerances?      Yes / No

If yes, please specify .....

**Please use this area if you would like to provide any additional information about your child and / or family that you feel is pertinent at this stage of the application process.**

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.....

*Please note this application places you on our waiting list but does not guarantee your child a place.*

**Section 4: Parental Declaration**

I confirm that I have completed this form to the best of my knowledge.

Parent signature: .....

Date application placed: .....

***Thank you for completing this application form – we will review all applications on a termly basis and will contact you during the term that immediately precedes the term in which you have stated you would like your child to start.***