For Office Use Only:						
Database updated:	SIMS updated:	Distance from school:				

The Mead Infant and Nursery School Nursery Application Form 2023-2024



Please complete this form in full (in BLOCK CA Completing this form does not guarantee a plac accordance with the	ce. Applicat	ions received by	the closing date will be considered in		
1. Child's Details					
First Name:	1	Middle Name(s)):		
Surname:					
Date of Birth:		☐ Male	☐ Female (please tick)		
Home Address (this must be the address where the child normally lives):	We will alwa	vs seek proof of ac	ddress when offering a place		
2 Parent/Carer Petails					
2. Parent/Carer Details Parent/Carer 1 Full Name:		Parent/Carer 2 Full Name:			
Salutation (please circle as appropriate):		Salutation (please circle as appropriate):			
Mr / Mrs / Miss / Ms / Dr / Other		Mr / Mrs / Miss / Ms / Dr / Other			
Address (if different from child's):		Address (if different from child's):			
Daytime Telephone Number:		Daytime Telephone Number:			
Mobile Telephone Number:		Mobile Telephone Number:			
Email Address:		Email Address:			
Relationship to Child:		Relationship to Child:			
2 Cibling Links - planes provide details	مانه الحواد	lines If any	siblings will be attending The		
3. Sibling Links — please provide details Mead or Auriol Junior School in Sept					
		ate of Birth	Attending The Mead or Auriol Junior School in September 2023		

4. Preference for Session							
Sessions available are as follows (all sessions are 5 days a week - Monday to Friday, term time only):							
• Morning – 9.00am – 12.00noon							
 30 Hours (fully funded) – 9.00am – 3.00pm These sessions are for families who are eligible for the Government's 30 hours fully funded childcare. 							
 30 Hours (15 hours funded/15 hours paid for) – 9.00am – 3.00pm If you are not eligible for the Government's 30 hours fully funded childcare, we offer the option for you to pay for 15 additional hours each week, on top of your 15 hour funded entitlement. 							
Please note that exact Nursery timings may be subject to change – the times detailed above are the current session times.							
Please indicate below your session preference	ce, in priori	ty order.					
1st Preference (please tick one box only	/) :	Reason for preference:					
☐ Morning☐ 30 hours (fully funded)☐ 30 hours (15 hours funded/15 hours paid	for)						
2 nd Preference (please tick one box only):		Reason for preference:					
☐ Morning☐ 30 hours (fully funded)☐ 30 hours (15 hours funded/15 hours paid	for)						
E Children in Bublic Cons							
Is the child in public care of a Local Authority? If yes, please detail which Local Authority. Yes No							
NOTE: If yes, please also provide a letter from the child's social worker confirming the legal status of the child and the Local Authority with who the child is in care. The letter should also provide the reasons for the preferences for schools.							
6 Eventional Assauraments							
Are you applying under the exceptional arrangements category? Yes No							
NOTE: It is important that details of any exceptional circumstances are attached to this form. If you do not attach full details, we will be unable to consider offering your child a priority placement.							
7. Ethnicity, Nationality, Religious Affiliation and Country of Birth							
Ethnic origin of family:	iation and						
Nationality:							
Religious Affiliation:							
Country of Birth:							

8. Languages						
Main language spoken at home:						
Other languages spoken:						
9. Medical						
Does your child have any specific medical needs:	Yes 🗆	No 🗆				
If yes, please provide further details:						
10. Current Setting						
Please provide details below of y		childcare arrangements	s (at home/	with a relative/		
childminder/nursery/ playgroup/.	childminder/nursery/ playgroup/).					
11. Declaration and Parent/C	Carer Sign	ature				
I wish to apply for a nursery place at The Mead Infant and Nursery School. I certify that I am the person						
with parental responsibility for the child named in Section 1 and that the information given is true to the best						
of my knowledge and belief. I understand that if I give any false or deliberately misleading information on						
this form and/or supporting documents, or withhold any relevant information, this may lead to the						
withdrawal of an offer of a nursery place for my child. I understand that it is my responsibility to provide full						
information to the nursery and that I will notify them of any changes to the details on this form or						
accompanying evidence as soon as they occur, including any change of address.						
Signature of Parent/Carer:	•	,	Date:			
-						

Personal Information Policy – We respect your rights and are committed to ensure that we protect your details and the information about your dealings with us. In accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), we will use your information for the purpose of processing your application for a nursery place. We may share your information (but only the minimum amount of information necessary and only where it is lawful to do so) with Surrey County Council and other agencies (including schools, other councils, central government departments, law enforcement agencies, statutory and judicial bodies, contractors that process data on our behalf and medical advisors). We may also use and disclose information that does not identify individuals for research and strategic development purposes. You can find out more about how we manage your data on our website.