

## **HOLY TRINITY**

Church of England Academy School Brockley Avenue, South Shields, Tyne and Wear NE34 0TS

## **REGISTRATION FOR ADMISSION TO NURSERY**

To be completed by, or with the parent/person with	th parental responsibility	
Name of child:	Date of birth:	Girl/Boy:
Ethnicity:	Religion:	
Name of parent/person with parental responsibilit	y:	
Address:		
Post Code: Ho	ome No:	Work No:
Name of second parent/person with parental resp	onsibility:	
Address:		
Post Code: Ho	ome No:	Work No:
Name of child's doctor:	Name of child's h	ealth visitor:
At which primary school do you intend to register		
The following information will be treated as strict us to ensure that your child's entry into education	ly confidential. Please compl	ete the form as fully as possible. It will help
Has your child had any child care apart from you If yes, please give details:	or close relative?	Yes No
Has your child any health problems that you are a If yes, please give details:	ware of?	Yes No
Does your child have any special educational nee If yes, please give details:	ds that you are aware of?	Yes No
Has your child had any involvement with health, s Other support agencies? If yes, please give details:	ocial services or any	Yes No
Does your child have any brothers or sisters in th If yes, please give names and ages:	is school?	Yes No
Has your child accessed the free 2 year offer, if Ye	es, which setting where they a	at? ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Please tell us anything else you feel may help us	to plan for your child's admis	sion to nursery
Signature	. Parent/person with parental	responsibility Date:
YOUR CHILD'S BIRTH CERTIFICATE (A COP COMPLETED FORM BEFORE YOUR CHILD (	Y WILL BE TAKEN FOR OU CAN BE REGISTERED WIT	<i>UR RECORDS</i> ) MUST ACCOMPANY THE H THIS NURSERY.
то ве с	OMPLETED BY SCHOOL OF	FICE
Your child was registered at Holy Trinity Church o	of England Academy on:	
Signature:	Dated:	



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Eligible three year olds will be able to access 15 hours per week of free nursery education funding, if they start nursery the term of their third birthday. If you are in receipt of any of the following please complete the form below. School will check eligibility.

- 1. Children looked after by the Local Authority.
- 2. Children who have left care through special guardianship, adoption or a residence order.
- 3. Children who are eligible for Free School Meals (FSM) e.g. families whose income is below £16,190 and their parents are in receipt of any of the following benefits:-
  - Income support
  - Income based Job Seekers Allowance
  - Income related Employment and Support Allowance
  - The Guaranteed element of the State Pension Credit
  - Child Tax Credit and Working Tax Credit provided the household income does not exceed £16,190
  - Support through part 6 of the Immigration and Asylum Act
- 4. Children who have a current statement of special educational needs (SEN) or an education, health and care plan.
- 5. Children who get Disability Living Allowance (DLA).

Name of parent / carer who has guardianship	
Date of Birth of the parent / carer who has guardianship	
National Insurance Number of parent / carer who has guardianship	
Has your child accessed the two year offer in another childcare setting	

## FOR OFFICE USE ONLY

Date Checked with Family Information Service .....

Eligible YES / NO