



# WOODHALL SCHOOL



[www.woodhall.herts.sch.uk](http://www.woodhall.herts.sch.uk)

Woodhall Lane, South Oxhey, Watford, Hertfordshire, WD19-6QX.

Telephone: 0208 428 3447

Email: [admin@woodhall.herts.sch.uk](mailto:admin@woodhall.herts.sch.uk)

## WOODHALL NURSERY APPLICATION FORM

PLEASE USE BLOCK CAPITALS	
<b>Child's Details</b>	
<b>First Name</b>	
<b>Middle Name(s)</b>	
<b>Family Name</b>	
<b>Date of Birth</b> ( <i>birth certificate must be provided</i> )	
<b>NHS Number</b>	__ __ __ / __ __ __ / __ __ __
<b>Your relationship to the child</b> ( <i>e.g. mother/father/carer/stepmother/father/social worker</i> )	
<b>Your child's permanent address at the time of application</b>	
<b>Address</b>	
<b>Special Educational Needs</b> <i>Does your child have an Educational Health Care Plan?</i>	YES / NO
<b>At Risk</b> <i>Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the child protection register? (Please provide evidence with this form.)</i>	YES / NO
<b>Children in Public Care</b> <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangement or special guardianship order?</i>	YES / NO
<b>Social or Medical reasons</b> <i>Do you or your child have a special medical or social need to attend Greenfields Primary School? (Please provide supporting evidence with this form.)</i>	YES / NO
<b>If you have a sibling at Woodhall Primary School please provide their name and date of birth.</b>	
<b>Early Years setting that your child attends or has attended (if applicable).</b>	
<b>Please indicate if you are interested in the additional 15 hours free childcare</b>	YES / NO
	HMRC Code
<b>Do you or your child have any other requirements?</b>	

<b>Please complete the details for both parents if living at the same address</b>		
	<b>Parent 1 details</b>	<b>Parent 2 details</b>
<b>Title</b>		
<b>Forename</b>		
<b>Surname</b>		
<b>DOB</b>		
<b>National Insurance Number</b> <i>This will be used to check eligibility for Early Years Pupil Premium funding</i>		
<b>National Asylum Support Service (NASS) Number (if applicable)</b>		
<b>Address</b>		
<b>E-Mail Address</b>		
<b>Telephone Number (s)</b>	<b>Home</b>	<b>Home</b>
	<b>Mobile</b>	<b>Mobile</b>
	<b>Work</b>	<b>Work</b>
<b>I confirm that the details above are correct to the best of my knowledge</b>		
<b>Signature of parent/carers</b>		
<b>Office use only</b>	<b>Date received</b>	
	<b>Distance</b>	

## **DECLARATION**

The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for local authority purposes.

I agree to Woodhall Primary School using this information to consider my application for a nursery place. I understand that if any part of this completed application form is found to be false the offer of a place will be withdrawn.

I understand that the completion of an application form does not guarantee a place in the nursery. I understand that if offered a place in the nursery class, I will have to apply separately for a place in Reception.

Signature of Parent/Carer/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this information.  
Please return to the school office by 23<sup>rd</sup> February 2019.**

