



WOODHALL SCHOOL



PASSION ● RESILIENCE ● RESPONSIBILITY ● ASPIRATION ● INCLUSIVITY ● FAMILY

Telephone: 0208 428 3447 www.woodhall.herts.sch.uk Email: admin@woodhall.herts.sch.uk

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

WOODHALL NURSERY APPLICATION FORM

PLEASE USE BLOCK CAPITALS

Child's Details	
First Name	
Middle Name(s)	
Family Name	
Date of Birth (<i>birth certificate must be provided</i>)	
NHS Number	___ / ___ / ___
Your relationship to the child (<i>e.g. mother/father/carer/stepmother/father/social worker</i>)	
Your child's permanent address at the time of application	
Address	
Email address:	
Special Educational Needs <i>Does your child have an Educational Health Care Plan?</i>	YES / NO
At Risk <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
Children in Public Care <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
Social or Medical reasons <i>Do you or your child have a special medical or social need to attend Woodhall Primary School? (Please provide supporting evidence with this form.)</i>	YES / NO
If you have a sibling at Woodhall Primary School please provide their name and date of birth.	
Early Years setting that your child attends or has attended (if applicable).	
Please indicate if you are interested in the additional 15 hours free childcare	YES / NO
	HMRC Code

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

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 25.2.24.**