Primary School

**Nursery Expression of Interest Form**

This form should be used to request a place at Aberford C of E Primary School Nursery in 2023-2024.

Please read carefully the nursery admissions policy accompanying this form before making your nursery expression of interest. You are also strongly advised to arrange to visit our nursery; this can be arranged by contacting Mrs S Goddard on 0113 2813302.

Please complete all pages of this form as fully as possible and return to:

Mrs S Goddard, School Business Manager, Aberford C of E Primary School, School Lane, Aberford, Leeds, LS25 3BU before the deadline below.

Alternatively, you can download, complete and return your form by email to [s.goddard@aberfordceprimary.org.uk](mailto:s.goddard@aberfordceprimary.org.uk) by downloading it from the school website

If you need any advice on the Nursery admissions policy or help filling in this form, please contact the school office on 0113 2813302

**PLEASE NOTE THAT A PLACE IN OUR SCHOOL NURSERY DOES NOT GIVE ANY PRIORITY FOR A PLACE AT THIS PRIMARY SCHOOL.**

Child’s Name: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(See page one on application form)

Child’s Gender: Boy / Girl (Please circle)

Child’s Home Address: ­­­­­­­­­­­­­­­­

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Parent/Carer’s name: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who has parental responsibility for the child: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. Day: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Land Line: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(please write clearly as we will email to notify you of the outcome of your expression of interest.)**

Is your child in public care? Yes No

Does your child have special requirements/needs? Yes No

If yes, please attach details and include evidence with your application (copy of Education Health and Care Plan or letter from doctor etc.)

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Do you have any other children who attend Aberford C of E Primary? Yes / No

If yes, please complete the name(s) and date(s) of birth of older siblings:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any other relevant or useful information about your child that you think it would be useful for the school to be aware of, for example their toileting and/or behaviour.

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**Nursery Application Session Preferences**

**Please indicate** when you would like your child to start Nursery after checking the table on page 3 of the policy. I/We would like my/our child to start Nursery in;

**September 2024 January 2025 April 2025**

**September 2025 January 2026 April 2026**

**September 2026 January 2027 April 2027**

**Please tick** your choice of session after consulting the hours/sessions available at Aberford C of E Nursery in the policy information. It is helpful to choose at least two preferences as some sessions have limited availability, especially in January and April. This is an indication ONLY of your preferred session at this time and it should be noted that we cannot guarantee to be able to meet all requests. You will hear if you have been successful in your first choice of session at the date specified in the Place offers column in the table below.

My/our first choice of session is;

**□** Two and a half days - all day Monday and Tuesday plus Wednesday morning only:

**□** Two and a half days - all day Thursday and Friday plus Wednesday afternoon only:

**□** 30 hours’ option (please check the qualifying criteria in our nursery booklet for more information)

**Please tick** your second choice of session. My/our second choice of session is;

**□** Two and a half days - all day Monday and Tuesday plus Wednesday morning only

**□** Two and a half days - all day Thursday and Friday plus Wednesday afternoon only

**□** 30 hours’ option (please check the qualifying criteria in our nursery booklet for more information)

**Please tick** your third choice of session. My/our second choice of session is;

**□** Two and a half days - all day Monday and Tuesday plus Wednesday morning only

**□** Two and a half days - all day Thursday and Friday plus Wednesday afternoon only

**□** 30 hours’ option (please check the qualifying criteria in our nursery booklet for more information)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If your child’s third birthday is:** | **Earliest your child can start nursery:** | **Applications open:** | **Applications close:** | **Place offers issued:** |
| Between  1st September 2024 – 31st December 2024 | January 2025 | September 6th 2024 | October 29th 2024 | November 7th 2024 |
| Between  1st January 2025 –  31st March 2025 | April 2025 | December 1st 2024 | January 28th 2025 | February 19th 2025 |
| Between  1st April 2025 –  31st August 2025 | September 2025 | February 1st 2025 | March 26th 2025 | April 30th 2025 |

Potty training

Children must be toilet trained before they start at Aberford C of E Primary School Nursery unless there is a medical need and therefore an Intimate Care Plan will be put in place for your child following a meeting with our school SENCO.

I certify that the information I have provided on this form is accurate, to the best of my/our knowledge.

Signed ……………………………………………................................................. Date ……………………………..….

Child’s name ………………………………………………………… Relationship to child……………………………………………………