



# IBSTONE CE PRIMARY SCHOOL

Ibstone, High Wycombe, Buckinghamshire, HP14 3XZ  
 01491 638281 office@ibstone.bucks.sch.uk

## Application for Admission into Nursery

COMPLETION OF THIS FORM DOES NOT GUARANTEE A NURSERY PLACE NOR A PLACE IN OUR PRIMARY SCHOOL

Child's Details			
Legal Surname:		First Name(s)	
Date of Birth:	___/___/___	Male/Female	

Address	
Normal Home Address:	
	Postcode:

The address should be your child's normal home address at the time of application. Please include evidence to show you currently live at the address given.

Your details			
Name(s) of parents/ carers living at home address above			
Relationship to child			
Email address			
Telephone numbers	H:	W:	M:
If another adult has parental responsibility, but does not live at the same address as the child, please provide their name and address:			

The first section should be completed with the details of all the parents/carers living at the address shown above, who have parental responsibility for the child. You may also give details of any other adult who has parental responsibility for the child.

<b>Extra Details and Preferences</b>	
Are you applying on behalf of a 'child in care' of a Local Authority?	Yes <span style="margin-left: 150px;">No</span>
Some children are cared for by a Local Authority, and a Social Worker will act as parent for the child. If your child is supported by a Social Worker, please give us their name and contact details:	
Does your child have any brothers or sisters attending Ibstone CE Primary School?	If yes, please give details:
Please detail any special circumstances or medical conditions which you consider to be relevant to your child's admission:-	
Funding eligibility (please tick)	Yes, I/we are eligible for 15 hours funding <input type="checkbox"/> Yes, I/we are eligible for 30 hours funding <input type="checkbox"/> I/ we are eligible for 15 hours and plan to top it up <input type="checkbox"/> No, I/we are not eligible for any funding <input type="checkbox"/>

We are offering morning sessions that run from 9am – 12pm. Please tick the desired sessions:

**Please note your choice can not be guaranteed**

Day	Morning session
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Confirmation of Application**

We acknowledge receipt of your application for an admission to Ibstone CE Primary School. You will be contacted in the Spring prior to your child's start date in September. If you have not heard from us by April please feel free to contact us on 01491 638281 to determine the stage of your application.

Name/Position \_\_\_\_\_

Date: \_\_\_\_\_