

Please can you ensure you return your child's application in the blue wallet provided.



# Application Pack

## Nursery



# Application Pack Nursery

Office Use Only—Nursery	Initials	Date
Name of Child:		
Date Received:		
Age the child will be when starting Preschool:		
Town of residence:		
Sibling currently at school Yes / No		
Place requested from September _____		

Thank you for taking the time to complete this form.

The information collected in this form will be kept confidential.

We will from time to time check these details with you to ensure that we have the latest information

## SCHOOL NEW STARTER CHECKLIST

CHILDS NAME .....

START DATE .....

**Please Note: Attending the Nursery does not automatically give you a place in the Primary School.  
Please see the admissions criteria in our prospectus which can be found on our website.**

Description	Parent / Carer	Office use only
	Initial if enclosed	Initial to confirm
Completed New Starter Form		
Copy of Birth Certificate (original can be copied in school if required)		
Signed Section 4 Additional Information		
Signed Collection of Children from School Permission Form		
Signed Application for Free School Meals (where applicable – Preschool, Year 3, 4, 5, 6 only)		
Signed Section 3 Medical & Health Information (where applicable)		
Signed Local Visits Information		

**Please return all the above forms as soon as possible. We cannot accept your child without these important documents.**

**ENCLOSED FOR YOUR INFORMATION:**

**Uniform List**

**Parents, Carer and Visitors' Code of Conduct and Behaviour**

**Privacy Notice**

**Other Useful information**

**Photograph policy**

**Attendance information**

**Compliments, Concerns and Complaints**

**Academic Calendar**

**Before / after school care information**

Office Use Only	Initials	Date
Entered on to MIS		
Created File		
Contacted Previous school for UPN		
Confirmed start date with previous school where applicable		
Received CTF from previous school		

**Nursery Admission Information**

**Admission Criteria for Nursery:**

1. All looked after children or previously looked after
2. Children who appear to have been in state care outside of England and ceased to have been as a result of adoption.
3. Means tested funded 2-year olds
4. Catchment pupils with siblings already attending main school or nursery
5. Other pupils in the catchment area
6. Other siblings already attending School
7. Any other children

**ANY APPLICATION RECEIVED AFTER 1<sup>ST</sup> APRIL WILL BE CONSIDERED AS A LATE APPLICATION AND WILL BE DEALT WITH SUBJECT TO AVAILABILITY AND CRITERIA AS PER NURSERY ADMISSION INFORMATION**

***Please note, the above criteria will be implemented regardless of the date the application is received.***

**Please sign to confirm you have read the above.....**

Please give details of any other of your children who currently attend this school.

Child's Name: ..... Date of Birth: .....

Please indicate when you would wish your child to start in the Nursery (Your child can start the term after their third birthday unless there is availability to start at 2 years).

September..... (Please complete year).

**Extended Childcare (additional 15 hours) – for eligibility details please visit :-**

<https://www.bedford.gov.uk/schools-education-and-childcare/early-years-and-childcare/family-information-service/childcare-choices/>

*Is your child entitled to the government funded Extended Childcare (addition 15 hours)?*

*If yes, please provide your child's 30-hour code*

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I understand that if we cease to be entitled or I do not re verify my code, I will become liable for the cost of the session and I will pay for the extra sessions.

**2 year old funding – for eligibility details please visit:-**

<https://www.bedford.gov.uk/schools-education-and-childcare/early-years-and-childcare/family-information-service/parent-portal/>

*Is your child entitled to the Government funded 15 hours Childcare?*

*If yes, please provide your child's 2 year old funding code and your voucher if applicable with this application form*

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Please return to the office along with a copy of your **child's full birth certificate and proof of your child's address**, you will automatically be placed on our enrolment list. We will contact you just before your child is due to start inviting your child to a taster session.

Signed \_\_\_\_\_ Date \_\_\_\_\_



office@cottonendforestschoo.co.uk

High Road  
Cotton End  
Bedford  
MK45 3AG

Cotton End Nursery Session Request

Please can we ask you to complete the below session request form for sessions required.

You can only choose from one column A, B or C and your child would be expected to attend Monday – Friday.

Childs Name \_\_\_\_\_ Age \_\_\_\_\_

**A**

**B**

**C**

Day	Morning Session 9am-12pm	Afternoon Session 12.30pm -3.30pm	Full Day 9am-3.30pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

We will endeavour to allocate your chosen sessions; if the session is full you will be offered an alternative choice. We will contact you around April prior to the September starting to confirm sessions

Thank you

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANY APPLICATION RECEIVED AFTER 1<sup>ST</sup> APRIL WILL BE CONSIDERED AS A LATE APPLICATION AND WILL BE DEALT WITH SUBJECT TO AVAILABILITY AND CRITERIA AS PER PRESCHOOL ADMISSION INFORMATION**



## CONFIDENTIAL

We Cotton End Forest have a legal obligation to collect certain information about your child attending our school. The reason we ask for this information, how we keep the information secure and who we share it with is detailed in the **School Privacy Notice** which accompanies this form.

There are additional items of information which our school is specifically asking for and requires your consent. These additional items are identified in Section 4 within this form.

Please complete this form for your child and return it to the school office as soon as possible.

If you need any guidance, assistance or further clarification with completing this form, please ask a member of the school office to help you.

### SECTION 1 Personal Details of Pupil

<b>Surname</b>		<b>Legal Surname</b>	
<b>First Name</b>		<b>Other names</b>	
<b>Date of birth</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female

*Please note: please provide a copy of your child's Birth Certificate to verify the date of birth*

<b>Pupil Home Address:</b>			
<b>Postcode</b>		<b>Address tel. no.</b>	

### Siblings. If your child has any siblings/other related pupils currently at this school, please provide their details:-

<b>Full Name:</b>	<b>Relationship to your child:</b>
<b>HM Forces:</b> Is the pupil the child of a parent or parents serving in regular HM Forces (as a PStat Cat 1 or 2 personnel) and exercising parental responsibility and care for the pupil? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say	
<b>Court Orders</b> <input type="checkbox"/> Yes <input type="checkbox"/> No not applicable <b>Please provide detail of any court orders applying to your child (e.g. Ward of Court, legal rights of access etc.)</b>	

### SECTION 2 Medical and Health information of pupil

The information asked for below is required in the interests of safety and wellbeing of your child whilst in our care.

Doctor's name		
Medical Practice Name and address:		
Practice telephone number		
Do you give permission for the school to contact the Doctor in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give permission for the school to administer medicine/first aid in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any medical conditions that the school should be aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details of the condition(s) (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed:		
Does your child have any Special Educational Needs? <input type="checkbox"/> No <input type="checkbox"/> Yes    Does your child have an Education Health Care Plan (EHCP)? <input type="checkbox"/> No		
Dietary Needs - Does your child have any specific dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)		
Meal arrangements - What type of lunchtime meal will your child be having? (please tick relevant box) <input type="checkbox"/> Free School Meal <input type="checkbox"/> Paid School Meal <input type="checkbox"/> Packed Lunch Universal free school meal for ALL children in Years Reception, 1 & 2.		
Free School Meals for Year Reception and above Is your child <u>currently</u> entitled to Free School Meals? <input type="checkbox"/> No <input type="checkbox"/> Yes		

### SECTION 3 Emergency Contact Information

This information is required to allow the school to manage your child's safety and well being and contact you when needed and in cases of emergency.

As the main parent/carer completing this form, **please ask for the permission of all other contacts for their details to be included in this section.** The school will act upon the information provided.

Please **enter contact details in the order you wish them to be contacted** in the event of an emergency. You can enter details for up to **four** individual contacts:

#### Contact 1

<b>Title</b>	<b>Mr</b>	<b>Mrs</b>	<b>Ms</b>	<b>Miss</b>	<b>Other (please specify)</b>	
<b>Full Name</b>						
<b>Address if different from pupil address</b>						<b>Postcode</b>
<b>Parental responsibility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Relationship to child</b> (i.e. mother/father)			
<b>Contact 1 telephone numbers:</b>			<b>Tick for priority contact number</b>			
<b>Home</b>						<input type="checkbox"/>
<b>Mobile</b>						<input type="checkbox"/>
<b>Work</b>						<input type="checkbox"/>
<b>Email address</b>						

#### Contact 2

<b>Title</b>	<b>Mr</b>	<b>Mrs</b>	<b>Ms</b>	<b>Miss</b>	<b>Other (please specify)</b>	
<b>Full Name</b>						
<b>Address if different from pupil address</b>						<b>Postcode</b>
<b>Parental responsibility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Relationship to child</b> (i.e. mother/father)			
<b>Contact 2 telephone numbers:</b>			<b>Tick for priority contact number</b>			
<b>Home</b>						<input type="checkbox"/>
<b>Mobile</b>						<input type="checkbox"/>
<b>Work</b>						<input type="checkbox"/>
<b>Email address</b>						

#### Contact 3 (optional)

<b>Title</b>	<b>Mr</b>	<b>Mrs</b>	<b>Ms</b>	<b>Miss</b>	<b>Other (please specify)</b>	
<b>Full Name</b>						
<b>Address if different from pupil address</b>						<b>Postcode</b>
<b>Parental responsibility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Relationship to child</b> (i.e. mother/father/aunt etc)			
<b>Contact 3 telephone numbers:</b>			<b>Tick for priority contact number</b>			
<b>Home</b>						<input type="checkbox"/>
<b>Mobile</b>						<input type="checkbox"/>
<b>Work</b>						<input type="checkbox"/>
<b>Email address</b>						



**SECTION 4**

**\* Previous setting**

Name of <b>PLAYGROUP / NURSERY</b> or <b>PREVIOUS SCHOOL</b> attended if relevant:	
<b>Previous Playgroup / Nursery / School name:</b>	<b>County:</b>
<b>Has the pupil come from abroad?</b>	
<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <b>If Yes, which country?</b>

<b>Language</b>			
<b>First Language:</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) .....	<input type="checkbox"/> Prefer not to say
<b>Language spoken at home:</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) .....	<input type="checkbox"/> Prefer not to say
<b>Ethnicity:</b> (Please tick one of the boxes below)		<b>Nationality:</b> <i>If dual nationality, please enter all that</i>	
White: British <input type="checkbox"/> White: Irish <input type="checkbox"/> <b>White:</b> Traveller of Irish Heritage <input type="checkbox"/> Heritage Gypsy / Roma <input type="checkbox"/> Italian <input type="checkbox"/> White Other <input type="checkbox"/>		<input type="checkbox"/> Prefer not to say	
<b>Mixed:</b> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background <input type="checkbox"/>		<b>Country of Birth:</b>	
<b>Asian</b> Indian <input type="checkbox"/> <b>Or</b> Pakistani <input type="checkbox"/> <b>Asian</b> Bangladeshi <input type="checkbox"/> <b>British</b> Any other Asian background <input type="checkbox"/>		<input type="checkbox"/> Prefer not to say	
<b>Black</b> Caribbean <input type="checkbox"/> <b>Or</b> African <input type="checkbox"/> <b>Black</b> Any other background <input type="checkbox"/> <b>British</b>		<b>Religion</b> (please tick one of the boxes below)	
<b>Chinese</b> <input type="checkbox"/> <b>Any other ethnic background</b> <input type="checkbox"/> <b>Prefer not to say</b> <input type="checkbox"/>		<input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh  <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> No Religion  <input type="checkbox"/> Other (please state)	
<b>Court Order</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Please provide detail of any court orders applying to your child (e.g. Ward of Court, legal rights of access etc.)</i>			

*\* Denotes additional information the school needs for school management purposes.*



## SECTION 5 Additional Information

Please tick the boxes below to indicate whether you grant consent for your child to be involved in the following:

I, the Parent/Carer agree the **following (please tick the relevant boxes)**

- to consent to my child's photograph and image being taken to be used for school purposes including individual photos, learning journeys, educational observations etc. – please refer to photograph policy.
- to consent to my child's image being taken to be used for the website and promotional purposes including blog, prospectus, newsletter, whole class photo's etc. – please refer to photograph policy.
- that any photographic or video images I as a parent or legal guardian and members of my family might take at school events **will not** be used in appropriately or posted on to any social media or websites.
- to consent to my child participating in cookery lessons that include food preparation and tasting of foods. (NB Your child's dietary needs will be accounted for providing that we are informed in writing)
- to consent to my child participating in local school visits, accompanied walks around the village, to the church field and sports competitions at other local schools, as part of curriculum activities and visits. – please refer to local visits information.
- that I understand the school has a privacy notice for handling of data. (Included as part of the application pack, on the school website and also available from the school office.)
- to consent to my child receiving first aid and plasters being applied when necessary.
- to consent to my child (under 5's & FSM) receiving the government's free milk and their details being shared with cool milk our milk provider.
- that I have completed the permission slip for other named adults to collect my child and have provided the school with a password. I will ensure that the school is informed of any changes and recomplete the form when necessary. – please refer to collection permission form included.

Thank you for taking the time to complete this form.

The information collected in this form will be kept confidential and safe. We will from time to time check these details with you to ensure that we have the latest information.

Please ensure that you inform us of any changes to these details, in particular, contact telephone numbers as we use these to communicate with our parents/carers on a regular basis.

Please read the **School Privacy Notice** regarding how we keep this information secure, how we use it and who we share it with and also information about your rights of access to this information.

Once you have read the **School Privacy Notice**, please complete the final **Section 5 – Parent/Carer Declaration**

### SECTION 5

#### Parent/Carer Consent and Declaration

**I declare that the information given in this form is accurate and will endeavour to inform the school of any changes to the pupil's personal details and contact details given at the earliest opportunity.**

**I have read the School's Privacy Notice and understand the legal basis for the information collected in this form, how it is used and shared with third parties.**

Signature of parent/carers \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_



**FREE SCHOOL MEAL APPLICATION**  
For pupils attending BEDFORD BOROUGH SCHOOLS ONLY



Use **BLOCK CAPITALS** and **SIGN** at the bottom of form

<b>Title:</b>			<b>Surname:</b>	
<b>Other Names:</b>				
<b>National Insurance No.</b>			<b>OR NASS No</b>	
<b>Email:</b>				
<b>Contact Tel number:</b>			<b>Your date of birth</b>	

**Your Address**

.....  
..... **POST CODE**.....

**Write below the details of each dependent child living with you and in full time attendance at a Bedford Borough school.**

<b>Surname</b>	<b>Other names</b>	<b>Date of birth</b>	<b>Name of school</b>	<b>Relationship to applicant</b>

**I am entitled to claim free school meals. (Tick the box to indicate which benefit you receive).**

- Income Support
- income-based Jobseeker’s Allowance
- income-related Employment and Support Allowance
- support under Part VI of the Immigration and Asylum Act 1999
- the guaranteed element of Pension Credit
- Child Tax Credit (provided you’re not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190).
- Working Tax Credit run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit – if you apply on or after 1<sup>st</sup> April your household income must be less than £7,400 a year (after tax and not including any benefits you get).

**Children who get paid these benefits directly, instead of through a parent or guardian, can also get free school meals.**

**Declaration** I have read the information overleaf and agree that you will use the information I have provided to process my claim for free school meals and will contact other sources as allowed by law to verify my initial and ongoing entitlement. I understand that if I give false information I may be prosecuted. I undertake to notify FSM administration IMMEDIATELY if:

- **I change my address**

Signed ..... Date.....



Cotton End  
High Road  
Cotton End  
Bedford  
MK45 3AG

[office@cottonendforestschool.co.uk](mailto:office@cottonendforestschool.co.uk)

## Local Visits information

### Trips to the Local Area

As part of our learning programme for the school year, classes may need to use the local area to support their learning. This includes accompanied walks around the village, to the church field and Shocott Spring, also trips to other schools as part of the Bedford and Kempston Schools Sports partnership. For these trips, rather than gaining permission on a per outing basis, please would you give overall permission for the year for your children to attend these outings.

The outings will be led in accordance with our Health and Safety policy with the appropriate pupil to adult ratios for the children's age. On occasion parents may be asked to accompany the children on these visits.

This permission will cover your child for the entire time that he/she attends Cotton End Forest School. Your permission can be withdrawn at any time providing we receive it in writing.

I give permission for my child to attend local trips

Name of person completing this form: \_\_\_\_\_

Your relationship to child: \_\_\_\_\_