



# Tenterfield Nursery School

## Application Form

Child's Full Name: .....

Date of Birth: ..... Gender: .....

Child's permanent address: .....

Parent/Carer Name: (Miss, Mrs Mr) .....

Address: .....

Telephone number: .....

Email address: .....

Relationship to child: (e.g. mother/father/carers).....

Does your child have any additional needs? .....

Is your child or a sibling of your child, subject of an inter-agency child protection plan and been placed on the Child Protection Register? (Please provide evidence): .....

Is your child a 'child looked after' by the local authority? .....

Are there any medical or social reasons to support this application for Tenterfield? (Please provide evidence.) .....

Do you require a funded 15-hour place? (5 x 3 hour sessions: priority will be given to those using the full 15 hours) .....

Are you eligible for a 30-hour place? To check your eligibility, please see the following government website - [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) .....

If eligible, would you wish to take up a 30-hour place? (Please note, priority will be given to those using all 30 hours at this setting)? .....

I confirm that the details above are correct to the best of my knowledge.

Signature of parent/carers: .....

Date:

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OFFICE USE ONLY:

Date  
received: .....

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admin@tenterfield.herts.sch.uk

www.tenterfield.herts.sch.uk

Hertfordshire County Council