



# Keyworth Primary School Part Time Nursery Application

Part of the Bessemer and Keyworth Federation

**Return form by email:** office@keyworth.southwark.sch.uk

**Return form by post/ in person:** Faunce Street, London, SE17 3TR

*Please note: If your child is admitted to Nursery, they will not be automatically offered a place in Reception*

Please tick your preferred session:

AM

PM

*Please note, your preferred option may not always be available*

<b>Child's First Name</b>		<b>Child's Surname</b>	
<b>Date of Birth</b>		<b>Gender</b>	
<b>Name of previous school if applicable</b>		<b>Last Date of attendance</b>	
<b>Child's Home Address</b>			

*Please provide two contacts the school can use to discuss this application:*

<b>Parent/Carer First Name</b>		<b>Parent/Carer Surname</b>	
<b>Contact Number</b>			
<b>Parent/Carer First Name</b>		<b>Parent/Carer Surname</b>	
<b>Contact Number</b>			

*Please give details of other children on the school roll who live at the same address as you and state their relationship to you and the child concerned*

<b>Child's Name</b>	<b>Current Class</b>	<b>Relationship</b>

*Does your child have any medical and/or social reasons for making this application?*

<b>If YES please give brief details</b>	
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*Does your child have any special educational needs?*

<b>If YES please give brief details</b>	
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**Please ensure you attach any supporting documents to this form**

**PARENT DECLARATION: I confirm all details on this form are correct**

<b>Signature</b>		<b>Date</b>	
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## Office use only

Application date:		Headteacher comments		
Proof of address seen	YES		NO	
Birth cert seen	YES		NO	

## Keyworth New Applicant Information Sheet

*To be completed prior to enrolment*

What is the student's level of attendance at their current/most recent school?

<b>90% or less</b>	<b>90-96%</b>	<b>96% +</b>
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What are the student's academic levels at their current/most recent school?

<b>Reading</b>	Below expected level	At expected level	Above expected level
<b>Writing</b>	Below expected level	At expected level	Above expected level
<b>Maths</b>	Below expected level	At expected level	Above expected level

Does the student have English as an additional language (EAL)?

<b>Yes</b> If yes, are they new to English?	<b>No</b>
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Does the student have medical needs?

<b>Yes</b> Details: Does the child have a Health Care Plan to support their medical needs?	<b>No</b>
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Does the student have special educational needs? Is the student on the SEN register? Have they previously been on the SEN register?

<b>Yes</b>	<b>No</b>
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If YES, please provide the following information:

Area of special educational need:

Cognition and Learning	Speech Language and Communication Needs	Social Emotional and Mental Health Needs	Sensory/Physical Needs
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Diagnosis: \_\_\_\_\_

Details of support at current/most recent school:

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Has the child had any behavioural difficulties at their current/most recent school?

<b>Details:</b>	<b>Yes</b>	<b>No</b>
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Is the child known to any other services?

Educational Psychology	Speech and Language Therapy	CAMHS
Occupational Therapy	Early Help Service	Children's Social Care
School Nursing	Other: _____	Other: _____

Is the child on a Child Protection Plan or Child in Need Plan? Are there any safeguarding concerns for the child and family?

<b>Yes</b>	<b>No</b>
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Any other information:

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