

# Manor Wood Primary

### **NURSERY APPLICATION FORM**

Carr Manor Road
Leeds
LS17 5DJ
01132689160
office@manorwoodprimary.org.uk
www.manorwoodps.org.uk

## Please read the following information carefully as section clarifies our admissions procedures.

Start dates for nursery are potentially September/January/April of any year and dependent upon availability of places. We have 78 places and are frequently oversubscribed. Therefore, we are unable to offer places to all the families who apply.

Offers of a nursery place will always be made in writing.

If we are oversubscribed, we allocate children according to the following priorities:

- 1. If they are a sibling of a child / children in our school
- 2. Children who live in our local area
- 3. Children who are likely to able be admitted by the Local Authority to our Reception
- 4. Children who use our pre-school provision

Please note that attending our Nursery does not guarantee you a place in our school unless you have older children already attending Manor Wood Primary. Admissions to Primary School in the September following your child's 4th birthday is governed by Leeds City Council Children's Services and not school. You therefore need to apply for a place in Reception through the local authority.

### **15 HOURS**

The 15 hour, 3 year old entitlement is offered over 2 weeks with children attending 3 full days 1 week (18 hours) and 2 full days the next week (12 hours).

Please indicate on the application form if you require extended care beyond fifteen hours during the school day. Extended Care is available at an extra cost and invoices are issued on a half termly basis. No refund is given if a child does not attend and four weeks' notice is required for cancellation.

### 30 HOURS

We offer a few 30-hour places to those families who have an eligibility code. We **only** offer this over 5 school days, term time only.

We are no longer able to split the 30 hours with any other provider and child care before and after school will not be included as part of the funded hours.

### MWC before and after school club provision

Once you have received confirmation of your child's nursery placement you may then contact the MWC to enquire about the before and after school club provision.

The MWC is extremely popular and is often over-subscribed.

Sessions run from 7.30am-8.50am and from 3.15pm-6pm

The MWC also runs sessions during school holidays

Manor Wood Out of School Club: 0113 2693515. email: mwc@manorwoodprimary.org.uk

We will endeavour to meet your requirements but unfortunately, we are unable to make any guarantees at the time of application. Please return the completed application form to Farzana Kauser in the School Office- office@manorwoodprimary.org.uk

We are happy to help if you require it, but please complete all of the following sections for your application to be considered.

Child's Forename:	Child	d's Surname:	
Middle name(s):			
Gender: Male/Female	Date of Birth:/	<i>J</i>	
ID – Birth Certificate/Visa/Pas	sport		
FAMILY LINKS IN MANOR W If there are any siblings in the			
Name:		Class:	
Name:		Class:	
FAMILY LINKS IN ANY OTH If there are any siblings in other			Pirth and school name:
if there are any sibilings in our	er schools, please give th	e full flame, Date of	bitti and school name.
Name:	DOB:	School:	
Name:	DOB:	School:	
□ N/A			
Will Manor Wood Primary be	e your 1 <sup>st</sup> choice of scho	ool when your child	d starts full time education?
·	•	•	
Please circle one:	YES	NO	
ADDRESS OF CHILD			
House Number/Name:	Street:		
District:	Pos	stcode:	
Home telephone no:			
Mobile telephone no:			
Email address			

## Please complete either the 15 hour section OR the 30 hour section. Do NOT complete both.

### <u>15 HOURS</u>

Please select you	ur preference		
□ Option 1	- 1 <sup>st</sup> Half of Week		
Week 1: Mon	day to Wednesday	Week 2: Monday & Tuesday	
☐ Option 2	- 2 <sup>nd</sup> Half of Week		
Week 1: Thur	sday & Friday	Week 2: Wednesday to Frida	ay
	•	t to availability, at an extra cost. sent and four weeks' notice is re	quired for
Please indicate in school day.	n the table below if you will r	equire any additional nursery ses	ssions during the
	MORNING	AFTERNOON	
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY	8.45am - Lunch	Lunch – 3.15pm	
-	de the 30-hour code and N t, or this may affect your a	lational Insurance number to thapplication.	ne school as sooi
☐ 1. I will be	eligible for the 30-hour code	e	
☐ 2. My child	d will be attending 5 days a	week Monday- Friday 8.45am to	3.15 pm.
Printed Name of	parent/carer		
Signature of pare	ent/carer		
Date			

### FAMILY/HOME

### Please give details of all persons who can be contacted in an emergency:

### **MOTHER'S DETAILS**

Surname:	Forename:	Title:
Daytime tel no:	Daytime place:	(work/home)
Mobile no:	Workplace address	
Notes:hrs etc)		(eg mobile no. mornings only/work
Home Address:		
Postcode:address:	Home tel no:	e.mail
Please indicate relationship to child		(eg Parent/Step-parent)
Does the above named contact have Le Contact Priority No:	gal Parental Responsibility for	the child? YES/NO
FATHER'S DETAILS		
Surname:	Forename:	Title:
Daytime tel no:	Daytime place:	(work/home)
Mobile no:	Workplace address	
Notes:hrs etc)		(eg mobile no. mornings only/work
Home Address:		
Postcode:	Home tel no:	e.mail address:
Please indicate relationship to child Does the above named contact have Le Contact Priority No:		
OTHER CONTACT DETAILS		
Surname:	Forename:	Title:
Daytime tel no:	Daytime place:	(if not at home)
Mobile no:		
Home Address:		
Postcode:	Home tel no:	
Please indicate relationship to child Does the above named contact have Le Contact Priority No:	gal Parental Responsibility for	(eg Grandparent/Aunt/Childminder the child? YES/NO

TRAVEL ARRANGEMENTS – please tick appropriate box

			for offi	ce use oni	ly			
Name		Signed	1	Today's Date	:			
Under the that where <b>Declaratio</b> I understa Manor Wo	and that the information ood Primary complying	Data Protection Reation to provide in that I supply will that their obligation	formation to us, we be used by the schoons under the GDP	will always on the will always on the will always on the property of the property of the will always on the property of the will always on the wil	obtain your expl o fill its legal obli oposed Data Pro	icit consent to proces gations and functions otection Act.	s your data.	-
	re(s)s who have legal p							
	ro(s)					//		/
						/		
	Previous Nursery		Addres			Dates of Start	_	_
	EDUCATIONAL H	IISTORY						
	Country of Birth:				nationality:			
	First Language:				_			
	Ethnicity:				_	age:		
	ETHNIC/CULTUR							
	Developmental Ne	eeds			• • • • • • • • • • • • • • • • • • • •			
	Allergies							
	Other   (please of	•						
	Asthma	Diabete	S 🗆	Eczema		Epilepsy 🗆		None $\square$
	Medical Condition	s/Allergies/Dev	velopmental Ne	eds (of wh	nich school s	hould be aware)		
	Practice Name & /	Address:						
	Doctor's Name:				Telephone N	o:		
	MEDICAL INFOR	MATION						
	,	·						
	(£2.60 per day)  Special Dietary Ne	aeds — please	aive details of a	any enecia	l diet and/or	food allergies		
	School Meal			I	Healthy Pack	red Lunch		
	LUNCH ARRANG	<b>EMENTS</b> – pl	ease tick appro	priate box	:			
	Bus			-	Taxi			
	Car share with and	other family			Walks		Other	
	Car				Bicyle		Other	

Child's Name:					
Date application received :			Intake: Sept/Jan/April		
Added to waiting list :					
Diago offered V/N	Donk received V/N	A.I	Accepted V/N		
Place offered Y/N	Reply received Y/N	V	Accepted Y/N		
Sibling: Y/N	Year:		Class:		
Data of Advaications		A -lu-si-s-i-s-	NI		
Date of Admission:		Admission	No:		
Entered on SIMS.net:	9	Staff initials	S		