

APPLICATION FOR A NURSERY PLACE

Please make sure you read the admission criteria available on the website.

www.st-matthews.hillingdon.sch.uk



ST MATTHEW'S
CE Primary School

Child's Legal Forename:	
Child's Legal Surname:	
Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	
Postcode:	
Parent/Guardian Forename:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Parent/Guardian Surname:	
Contact Number:	
Email Address:	
Parent/Guardian Forename:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Parent/Guardian Surname:	
Contact Number:	
Email Address:	

• Have you another child already attending St Matthew's? If so, name(s) of child/ren: (Proof of this may be required)

• Details of any form of Early Year settings your child has attended:

• Are you a regular worshipper at St Matthew's Church? Yes No

• Are you a regular worshipper at another local Anglican Church? Yes No

• Are you a regular worshipper at another local Church? Yes No

(Please complete the details of your Church on the form overleaf and have it signed by the person in charge).

• Does your child have any acute medical needs? Yes No

(Must be supported by a letter from an independent medical professional)

If a choice is available, which session would you prefer?

Morning (8:20 -11.20) Afternoon (12:20 -3:20) 30 Hours *

Nursery places are allocated in accordance with our Admissions Policy which can be found on our school website.

Signed (Parent / Guardian):

Date:

***30 hours (Funded) is provided from 8:20 – 3:20 Monday to Thursday and 8:30 – 11:20 on Friday.**

You will need to apply for 30 hours of funding at <https://www.childcarechoices.gov.uk> and provide the following information for us to be able to claim it. **Please note** - Your code will need updating every term.

National Insurance no:	Date of Birth:
Eligibility Code:	

CHURCH CRITERIA FORM

Applicant Details (to be completed by parent)

Name of Child:

Date of Birth:

Church Details¹ (to be completed by the referee)

Church Name:

Address:

Telephone:

This is to certify that (child or family member²)

Attends a service of public worship at the above Church regularly (at least twice per month for a minimum of two years). *Variation: In the event that during the period specified for attendance at worship, the church has been closed for public worship and has not provided alternative premises for that worship, requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.*

Signed:

Print Name:

Position:

Date:

Definitions

¹Churches must be a member of, or affiliated to, Churches Together in Britain and Ireland or the Evangelical Alliance

²Family member must be Parent or Guardian (one parent / guardian is sufficient)

Additional Information: