

**MONTEM ACADEMY**

**Chalvey Grove**

**Slough**

**SL1 2TE**

**01753 528050**

**NURSERY APPLICATION FORM**

Please complete in **FULL** & please use **BLOCK CAPITALS**)

**PERSONAL DETAILS OF CHILD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Surname: Home Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chosen Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boy/Girl: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Siblings in the School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please bring your child’s birth certificate or passport AND** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**proof of your address (e.g. Utilities bill or Council Tax form)**

**PARENTS DETAILS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mother’s Full Name: (Miss / Mrs / Ms) Father’s Full Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Works Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Works Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does mum have responsibility for the child? **YES / NO** Does dad have responsibility for the child? **YES / NO**

Can mum be contacted in an emergency? **YES / NO** Can dad be contacted in an emergency? **YES / NO**

**EMERGENCY CONTACTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child (e.g. Aunt/Uncle/Neighbour etc.) Relationship to Child (e.g. Aunt/Uncle/Neighbour etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Nursery has a morning or afternoon session. Please tick your preferred session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Morning |  | Afternoon |  | Either |  |

Mode of Transport to school – Please tick **ONE** box for the type of transport your child uses the **MOST** to school.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Walk |  | Cycle |  | Bus |  | Taxi |  |
| Car or Van |  | Car Share (with another family) |  | Train |  | Other(please state) |  |

**PRE-NURSERY EXPERIENCE (Toddler/Playgroup Attended)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIVED ABROAD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Country of your child’s birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Arrival to the UK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARE YOU SEEKING ASYLUM IN THIS COUNTRY: YES / NO**

**SPEECH DEVELOPMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Can Your Child Speak & Understand:** | **In Your Home Language** (if not English) | **In English** |
| Single Words | YES / NO | YES / NO |
| Short Phrases | YES / NO | YES / NO |
| Complete Sentences | YES / NO | YES / NO |
| Articulation (Speech) Problems | YES / NO | YES / NO |
| Other Concerns (please specify): |

**MEDICAL INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Doctors Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate whether your child has any long standing illnesses, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below *(by long standing we mean anything that has troubled them over a period of at least 12 months or it’s likely to affect them in the next 12 or more months).* **Please EXCLUDE difficulties that you would expect for a child of your child’s age.**

|  |  |
| --- | --- |
| Was your child on the Special Needs Register (SEN) in their previous Nursery (if attended)? | **YES / NO** |
| Does your child see a professional speech & language therapist? | **YES / NO** |
| Problems with communication? (speaking with others or understanding them) | **YES / NO** |
| Problems with learning? (problems with numbers, letters, words etc.) | **YES / NO** |
| Is your child allergic to plasters? | **YES / NO** |
| Does your child suffer from asthma? | **YES / NO** |
| Does your child suffer from eczema? | **YES / NO** |
| Is your child allergic to anything? | **YES / NO** |
| Problems with mobility? (moving around in or out of doors) | **YES / NO** |
| Problems with hand function? (touching or holding) | **YES / NO** |
| Problems with personal care? (going to the toilet, dressing etc.) | **YES / NO** |
| Problems with incontinence? | **YES / NO** |
| Problems with eating & drinking? (without help) | **YES / NO** |
| Any medical condition / health concerns the school should be aware of?  | **YES / NO** |
| Takes regular medication? | **YES / NO** |
| Problems with hearing? | **YES / NO** |
| Problems with vision? | **YES / NO** |
| Wears Glasses? | **YES / NO** |
| Problems with behaviour? (very active, has a short attention span, behaves unacceptably) | **YES / NO** |
| Autism / Asperger’s? | **YES / NO** |
| Palliative Care Needs? (has life limiting condition or requires care) | **YES / NO** |
| **If you have said YES to any of the above, please provide additional information:** |

The information will be used by the school to improve the way that information on pupils’ difficulties & disabilities is collected & used in schools to promote the wellbeing of children. No information will be published that would identify your child. **The information will only be shared with those staff in the school that would support your child.**

**SELF HELP SKILLS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Age when toilet trained? | Any toileting problems? | YES / NO |
| Is your child out of nappies? | YES / NO | Eats independently using utensils & cup as ability allows? | YES / NO |
| Can dress by themselves? | YES / NO | Can change shoes & socks? | YES / NO |
| Any additional information: |

|  |
| --- |
| Activities that your child enjoys at home: |

|  |
| --- |
| Describe your child’s behaviour in your opinion |

|  |  |
| --- | --- |
| Any problems that will prevent your child attending regularly & punctually? | YES / NO |
| If YES, please provide additional information: |

|  |  |
| --- | --- |
| **Number of children in the family**(please circle number below) | **Position of nursery applicant in family**(please circle number below) |
| **1 2 3 4 5 6 7 8** | **1 2 3 4 5 6 7 8** |

**DECLARATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The information given on this form is correct and complete to the best of my knowledge.

I understand that my child must attend regularly and be punctual and that they must be accompanied to and from the Nursery by a responsible adult.

**NO CHILD WILL BE ABLE TO LEAVE THE NURSERY WITH ANOTHER ADULT UNLESS THE NURSERY STAFF ARE PRIOR INFORMED BY TELEPHONE OR LETTER.**

I understand that my child will be required to wear clothing and footwear that are suitable for nursery activities.

**Signature: ……………………………………………. (Parent/Guardian) Date: …………………………………………**

**ETHNICITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history. **Ethnic Background Is Not The Same As Nationality or Country Of Birth.**

Please study the list below and tick **ONE BOX ONLY** to indicate the ethnic background of your child.

|  |  |  |  |
| --- | --- | --- | --- |
| **WHITE** | **MIXED OR DUAL BACKGROUND** | **ASIAN OR ASIAN BRITISH** | **BLACK OR BACK BRITISH** |
| White English |  | White & Black Caribbean |  | Indian |  | Black Caribbean |  | Black Somali |  |
| White Welsh |  | White & Black African |  | Mirpuri Pakistani |  | Black Angolan |  | Black North American |  |
| White Scottish |  | White & Asian |  | Kashmiri Pakistani |  | Black Congolese |  | Other Black |  |
| White Irish |  | White & Pakistani |  | Other Pakistani |  | Black Ghanaian |  | Other Black African |  |
| Traveller of Irish Heritage |  | White & Indian |  | Bangladeshi |  | Black Nigerian |  | Black Sudanese |  |
| White Eastern European |  | White & any other Asian |  | African Asian |  | Black Sierra Leonean |  | Black European |  |
| White Western European |  | Asian & any other group |  | Kashmiri other |  |  |  |  |  |
| Gypsy/Roma |  | Asian & Back |  | Nepali |  | **ANY OTHER ETHNIC GROUP** |
| Greek |  | Asian & Chinese |  | Sri Lankan Sinhalese |  | Afghan |  | Kurdish |  |
| Greek Cypriot |  | Black & any other group |  | Sri Lankan Tamil |  | Albanian |  | Lebanese |  |
| Italian |  | Black & Chinese |  | Other Asian |  | Arab |  | Libyan |  |
| Kosovan |  | Chinese & any other group |  |  |  | Egyptian |  | Malaysian |  |
| Portuguese |  | White & Chinese |  |  |  | Filipino |  | Moroccan |  |
| Serbian |  |  |  |  |  | Iranian |  | Thai |  |
| Turkish |  | **CHINESE** | Iraqi |  | Vietnamese |  |
| Turkish Cypriot |  | Hong Kong Chinese |  | Taiwanese |  | Japanese |  | Yemeni |  |
| Bosnian-Herzegovinian |  | Malaysian Chinese |  | Other Chinese |  | Korean |  | Any Other Group |  |
| White Other (please specify) |  | Singaporean Chinese |  |  |  |  |  | **REFUSED** |  |

Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be collected on to the Local Education Authority and the Department for Education (DfE) to contribute to local and national statistics.

We are required to supply details of ethnic origin, language and religion to Slough Borough Council Education Authority to enable them to make properly informed decisions about educational provision and re-sourcing to benefit all pupils. Would you please tick **ONE** box only in each of the categories below.

**RELIGION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Buddhist |  | Hindu |  | Jewish |  | Sikh |  |
| Catholic |  | Islam |  | Muslim |  | Other (please state) |  |
| Christian |  | Jehovah’s Witness |  | No Religion |  | Refused |  |

**LANGUAGE SPOKEN AT HOME (please tick one box only – main language spoken at home)\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Albanian/Shqip |  | German |  | Pahari (Pakistan) |  | Somali |  |
| Arabic |  | Gujarati |  | Pahari (Indian) |  | Tagalog/Filipino |  |
| Bengali |  | Hindi |  | Pashto/Pakhto |  | Tamil |  |
| Chinese |  | Italian |  | Polish |  | Telugu |  |
| Croatian |  | Kashmiri |  | Persian/Farsi |  | Ukrainian |  |
| Danish |  | Panjabi (Gurumukhi) |  | Romanian |  | Urdu |  |
| Dutch/Flemish |  | Panjabi (Mirpuri) |  | Russian |  | Wolof |  |
| English |  | Panjabi (Pothwari) |  | Serbian/Bosnian |  | Refused |  |
| French |  | Panjabi (Other) |  | Shona |  | Other (please state below) |  |
| Language if other:  |

**NATIONAL IDENTITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| British |  | Irish |  | Welsh |  | Refused |  |
| English |  | Scottish |  | Other |  | Not Supplied |  |

**Have you completed ALL the questions?**

**PLEASE READ AND SIGN THE HOME/SCHOOL AGREEMENT OVERLEAF**

**HOME/SCHOOL AGREEMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Pupil**

I will:

* Come to nursery every day and always be on time
* Listen to my teachers and do as he/she asks
* Wear clothing and footwear that are suitable for nursery activities
* Behave sensibly at all times
* Be friendly towards everyone
* Be polite and helpful to others
* Look after my school inside and outside
* Be responsible for my behaviour
* Look after myself and other people so no one gets hurts
* Try hard with all my work

**The Parent/Guardian**

I/We will:

* See that my child attends nursery regularly and on time
* Let the school know about any concerns or problems that might affect my child’s work or behaviour
* Support the school’s policies and guidelines for behaviour and attendance
* Support my child in their homework and other opportunities for home learning
* Attend parent/guardian afternoon or evenings and discussions about my child’s progress
* Get to know about my child’s life at the nursery
* Endeavour not to take my child out of nursery for family holidays

**The School**

Will:

* Care for the well-being and safety of the pupils
* Offer a balanced curriculum to meet the needs of each child
* Achieve high standards of work and behaviour
* Provide parents with regular information about the school
* Provide parents with regular information about their progress
* Be open and welcoming and offer opportunities for parents to be involved in the life of the school
* The school will be sensitive to the pupil’s culture and background, using it to enhance and support their learning
* Treat parents and pupils as equal partners in the learning process

Signed: ……………………………………………….. (Parent/Guardian) Date: ………………………………...

**PARENT PERMISSIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DURING THE TIME MY CHILD IS ATTENDING MONTEM ACADEMY; I GIVE PERMISSION FOR MY CHILD TO:**

|  |  |
| --- | --- |
| Have supervised access to the Internet? | **YES / NO** |
| Have **EXTERNAL** photographs taken for a newspaper or school website?  | **YES / NO** |
| Have **INTERNAL** photographs taken for class displays, class projects etc.? | **YES / NO** |

**Please note: If, for any reason the above should change, please inform the school office, otherwise what is recorded here will stay on your child’s school record.**

Signed: ……………………………………………….. (Parent/Guardian) Date: ………………………………...

**FUNDING FOR 2 YEAR OLDS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In Slough, children are entitled to 15 hours per week of free education from the term after their third birthday.

There is also some funding available to provide free places for 2 year olds, if parents meet the set criteria.

If you would like to find out if you are eligible for a free nursery place for a 2 year old, would you please indicate if you are in receipt of any of the following benefits:

* Income Support
* Income based Job Seekers Allowance
* Support under Part VI of the Immigration and Asylum Act 1999
* The guaranteed element of State Pension Credit
* Working Tax Credit and my family’s gross income is below £16,190
* Child Tax Credit and my family’s gross income is below £16,190

If you have ticked any of the above boxes, please ask for the form to apply for funding.