



Cathnor Road London W12 9JA
Tel: 020 8743 8196
Email: admin@vanessa.lbhf.sch.uk
Headteacher: Michele Barrett MA

For Office Use Only

Date: -----
Dist.:-----
Other:-----

Nursery Application Form

Child's first name.....

Child's surname.....

Girl or boy.....

Date of Birth.....

Child's Address.....

Post code.....

Telephone number.....

**DOES THE ABOVE CHILD HAVE
ADDITIONAL
NEEDS / DISABILITIES?**

YES ☐

☐ NO

Please give details below:

**IS THE ABOVE CHILD IN THE CARE OF
THE LOCAL AUTHORITY?**

YES ☐

NO ☐

Please give details below:

Please share information above if;

- You have concerns about your child's development,
- Your child has any Special Educational Needs, for example, speech and language delay / a diagnosed or undiagnosed need
- Your child is known to or has been referred to other professionals e.g. physiotherapy / occupational therapy / Cheyne Child Development Service
- Your child requires any additional support e.g. with communication / physical skills / mobility / medical need

If information is shared above, a meeting will be arranged with the Head of School / SENCo to discuss if we can meet your child's needs. If information is not shared prior to place being offered your place may be withdrawn if your child's needs cannot be met.

Admission Criteria:

Nursery places are allocated in line with LBHF's admissions criteria for community schools:

1. Children in public care.
2. Children who have a priority need as defined by the children's Act 1989, and/or children with exceptional educational, medical or social needs.
3. Children who have a sibling who will be attending the school at the same time as the applicant.
4. Children living nearest to the school.



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If you are applying for a place under criteria 1 or 2, please give brief details and provide any supporting evidence stating why you believe that Vanessa Nursery can meet the needs of your child over any other nursery.

DOES THE ABOVE CHILD HAVE A SIBLING CURRENTLY ATTENDING VANESSA NURSERY SCHOOL? YES ☐ NO ☐

Vanessa Nursery places are:

(Please indicate your preference. The alternative session will be offered if your preference is not available)

Places available	Please indicate your choice in order of preference
15 hours over 2.5 days Monday, Tuesday 9am-3:15, Wednesday 9am to 11:30am	
15 hours over 2.5 days Wednesday 12:45 to 3:15pm Thursday and Friday 9am to 3:15pm	
30 hours over 5 days 9am to 3:15pm Monday to Friday (you will need to provide a 30-hour code or pay the top up fee for these hours)	

If you are applying with a 30-hour code (3&4 year olds) or funded childcare for 2-year olds please write the code and date received here:

Parent's first name

Surname.....

Relationship to child.....

Parent/Carer signature

Email.....

Telephone Number

Employment

National Insurance number.....



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Ethnic category; (Please tick one box only)

White

Category : White		Office use only
British		WBRI
Irish		WIRI
Traveller of Irish Heritage		WIRT
White Easton European		WEEU
White Western European		WWEU
Gypsy/Roma		WROM
White Other		WOTH

Black or Black British

Category : Black or Black British		Office use only
Caribbean		BCRB
African		BAFR
Any other Black Background		BOTH

Mixed/Dual Black Ground

Category : Mixed/Dual Back Ground		Office use only
White and Black Caribbean		MWBC
White and Black African		MWBA
White and Asian		MWAS
Any other Mixed Back Ground		MOTH

Asian or Asian British

Category : Asian or Asian British		Office use only
Indian		AIND
Pakistani		APKN
Bangladeshi		ABAN
Any other Asian Back Ground		AOTH

Chinese

Category : Chinese		Office use only
Chinese		

Any Other Ethnic Back Ground

Category : Any Other Ethnic Back Ground		Office use only
Afghan		OAFG
Arab		OARA
Egyptian		OEGY
Iranian		OIRN
Iraqi		OIRQ
Kurdish		OKRD
Lebanese		OLEB
Moroccan		OMRC
Any other Ethnic Group		OOEG

I do not wish for this to be recorded		REFU
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