



Application for Admission to Moor First School Nursery 2025-2026 **2 years and rising 3 year olds**

Before completing this form, you should read the Nursery Admission Arrangements provided on our website at <https://www.moorfirstschool.co.uk/>

Please complete and email your application form for the attention of Miss Derricott to: office@moor.staffs.sch.uk

FOR YOUR INFORMATION: Guidance Dates for funding and school applications.			
<i>I would like to use my child's funding entitlements to start school from</i>	<i>I need to submit an application to school by</i>	<i>My child's 2nd birthday needs to be before or on</i>	<i>The deadline to submit my funding code to Moor First</i>
<i>1st January</i>	<i>1st October</i>	<i>31st December</i>	<i>30th November</i>
<i>1st April</i>	<i>1st February</i>	<i>31st March</i>	<i>28th February</i>
<i>1st September</i>	<i>1st May</i>	<i>31st August</i>	<i>13th July</i>

NURSERY INTAKE YOU ARE APPLYING FOR (please select as appropriate)

January Intake ☐

April Intake ☐

September Intake ☐

A morning session is 8:45am-11:45am

An afternoon session is 12:15pm-3:15pm

15 hours provision required (5 x morning sessions, Mon-Fri)

15 hours provision required (5 x afternoon sessions, Mon-Fri)

15 hours provision required over 2.5 days

32.5 hours provision required (£3.50 daily charge)

All places are subject to availability

Please confirm preferred breakdown of your days, please note this is subject to availability and to be confirmed by school:

Monday AM

☐

Monday PM

☐

Tuesday AM

☐

Tuesday PM

☐

Wednesday AM

☐

Wednesday PM

☐

Thursday AM

☐

Thursday PM

☐

Friday AM

☐

Friday PM

☐

(Please refer to our nursery offer for further information on prices etc.)

2. CHILD'S DETAILS

Child's Legal Surname:

Date of Birth:

Child's Legal First Name:

Male: ☐

Female: ☐

Full Postal Address:
(including postcode)

NB: it is your responsibility to advise us immediately if these details change.

Does your child currently attend a pre-school setting YES/NO if yes name/address of setting:

3. NURSERY PLACE YOU ARE APPLYING FOR AS IN ACCORDANCE WITH THE ADMISSION CRITERIA (Please select as applicable):

a) The term after my child becomes 2 years of age

Yes ☐

or

b) I am deferring the Nursery application to a later Intake date
(meaning you are securing your child's place for the near future)

Yes ☐

c) As a rising 3 (meaning they have just turned 3 and it isn't yet the term
after their 3rd birthday.

Yes ☐

4. FURTHER INFORMATION ABOUT YOUR CHILD

Is your child a twin of triplet, etc. (one of a multiple birth)?

Yes ☐ No ☐

If yes, please provide the names of related applications:

Is this child in the care of a local authority? (Please select each box as appropriate)

Yes ☐ No ☐

Has the child previously been in the care of a local authority but has since been adopted
or become subject to a residence order or special guardianship order since being in public care

Yes ☐ No ☐

**If 'Yes' to either of the above, please provide Social Worker and Local Authority contact
details in the box below:**

Does this child have an Education, Health and Care Plan (EHCP) Yes ☐ No ☐

ELDER BROTHER OR SISTER DETAILS (where applicable)

Name of elder brother or sister Date of Birth

5. DETAILS OF PERSON COMPLETING THIS FORM (*must have parental responsibility*)

Surname:	<input type="text"/>	Please indicate title Mr / Mrs / Miss / Ms
First Name:	<input type="text"/>	
Relationship to Child:	<input type="text"/>	
Contact Number:	<input type="text"/>	
Email Address:	<input type="text"/>	

6. ADDITIONAL NOTES TO SUPPORT YOUR APPLICATION

If applicable, please attach any additional information to support your application if it is relevant to the admissions criteria.

Print Name.....Signature.....Date.....