



Application for Admission to Moor First School Nursery 2025-2026 **3 and 4 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

<i>FOR YOUR INFORMATION: Guidance Dates for funding and school applications.</i>			
<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 3rd birthday needs to be before or on</i>	<i>The deadline to submit my funding code to Moor First</i>
1st January	1st October	31st December	30th November
1st April	1st February	31st March	28th February
1st September	1st May	31st August	13th July

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	<input type="checkbox"/>	Monday PM	<input type="checkbox"/>
Tuesday AM	<input type="checkbox"/>	Tuesday PM	<input type="checkbox"/>
Wednesday AM	<input type="checkbox"/>	Wednesday PM	<input type="checkbox"/>
Thursday AM	<input type="checkbox"/>	Thursday PM	<input type="checkbox"/>
Friday AM	<input type="checkbox"/>	Friday PM	<input type="checkbox"/>

(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 3 years of age Yes or
b) I am deferring the Nursery application to a later Intake date 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

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.....