



## **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

<b>FOR YOUR INFORMATION: Guidance Dates for funding and school applications.</b>			
<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 ☐ 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 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	<input type="text"/>	Date of Birth	<input type="text"/>
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**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.....