

In-Year Nursery Application – September 2024 – July 2025

Please use this form to apply for part time Nursery Classes (attached to a school) in Enfield

Only to be used for children whose dates of birth fall between 01.09.20 - 31.08.21

You must provide documentation to confirm your child's date of birth and 2 documents to confirm your home address

Child's Details:

Surname _____ Forename _____

Date of Birth _____ / _____ / _____ Boy/Girl (please circle)

Child's Address _____

This must be the child's ordinary place of residence and where they are currently living.

Parents Details:

Mr/Mrs/Miss/Ms Forename _____ Surname _____
(please circle)

Contact Telephone numbers _____

Email _____

Preferences:

Please indicate 2 nursery classes (attached to schools) that you would like your child considered for:

1st Preference _____

2nd Preference _____

Please let us have the details of any siblings attending one of the schools listed above

Name of Sibling _____ Date of Birth _____ School _____

Is the child in Public Care or have they been previously looked after? Yes _____ No _____

If yes you must provide a letter from a social worker confirming this.

If there any exceptional medical reasons why your child should attend a nursery you must provide medical information to support this with this application.

I confirm that the information I have given is correct. I understand that providing false or deliberately misleading information on this form may render this application invalid and could lead to a place being withdrawn, even if a child has started. It is important to note that if you knowingly give false information to obtain a nursery place at a particular school your actions will be investigated with a view to civil or criminal proceedings being taken against you under the Fraud Act 2006 or any other relevant enactment.

Data Protection Act 1998 – The information provided will be used to assist with your child's admission to a nursery class. The Council has a legal obligation to protect public funds. We may therefore share the information you have provided with other departments of the authority and with other similar bodies for the detection and prevention of fraud.

Signature of Parent _____ Date _____

Only use this form to apply for the following schools:

**Alma
Bowes
Brettenham
Brimsdown
Bush Hill Park
Carterhatch
Chase Side
Chesterfield
Churchfield
De Bohun
Eastfield
Eldon
Fleecefield
Galliard
Garfield
Grange Park
Hazelbury
Hazelwood
Highfield
Honilands
Houndsfield
Keys Meadow
Lavender
Prince of Wales
Raglan
Raynham
Southbury
Suffolks
Tottenham
West Grove
Wilbury
Worcesters**

**If any other schools are indicated as a preference
we will not be able to process these preferences
and no further action will be taken.**