The Disraeli School

The Pastures, High Wycombe, Bucks, HP13 5JS
Tel: 01494 445177 Email: office@disraeli.bucks.sch.uk

2-Year-Old/Foundation 1 Application Form

Please note a nursery place does not guarantee a school place
Please inform us of any address changes

Full name of child:	Date of birth:	Boy/Girl
Parents' names:		
Address: Post Code:		
Telephone: Home:	Mobile:	
Email Address:		
Do siblings already attend The Disraeli School: Yes / No If yes please give names:		
Please give details of any pre-school your son/daughter has been to/is already attending: Pre School: _____ Start Date: _____		
2-YEAR-OLD PLACES: I would be interested in taking up and paying for a 2-year-old place: Yes / No I am eligible for 2-year-old funding: Yes / No Please give funding details below-: NI Number: 2 Year Funding Code:		
3 AND 4-YEAR-OLD FUNDED PLACES: **15 Hour Care Preferred Session:** 8.45am - 11.45am ☐ 12.15pm – 3.15pm ☐ No preference ☐ Please note we will try and take account of parents' preference but cannot guarantee to meet all requests **30 Hour Care Eligibility-:** (Criteria: Both parents will earn, on average, equivalent to 16 hours per week at minimum wage or higher, or one parent in single parent households. Parent's individual salary must be less than £100,000). I think my child would be eligible and I would take up 30 hour care ☐		
Extended Care Services: (3/4-year-olds only) Please indicate whether your child would require the use of these services on admission-: Breakfast Club ☐ (7.40am – 8.30am) Wraparound Care ☐ (11.35am-3.05pm) After School Club ☐ (3.05pm-5.45pm)		
Do you have any concerns for your child? Please indicate below: Speech ☐ Walking ☐ Learning ☐ Behaviour ☐ Other ☐ Please give details: _____		
Does your child have any Special Educational Need? Yes/No (If yes please give more details) Are there any professionals who are currently working with your child? Yes/No (If yes please give agencies involved).		
Declaration: I understand that completion of this form does not guarantee a nursery place Signed _____ Dated _____		

For office use only

Date received:	2 Year: Funded: ☐ Paying: ☐	3 / 4 year funded : ☐	Birth certificate seen Y/N
Catchment Y/N	Sibling here Y/N	Wraparound Care Y/N	30 Hour eligible Y/N
Admission date:		Notes:	