



DUCKLINGTON CE PRIMARY SCHOOL,
ASTON ROAD,
DUCKLINGTON, WITNEY,
OXON. OX29 7US

Headteacher
Mr Russell Leigh

Telephone: 01993 703651
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NURSERY ADMISSION APPLICATION FORM

Please complete the form below and return to the school office at the above address. Places are allocated for the term after your child turns two and a half, ie. January, Easter and September. Our sessions are 8.30am - 11.30am and 12 noon - 3pm and our lunch club runs from 11.30am - 12 noon and is charged at £3 per day.

Child's surname:

.....

Child's forenames:

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Child's date of birth: Sex: Male Female

Home address:

.....

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Parent/Guardian:

.....

Address (if different):

.....

.....

Telephone number:

Email:

Name and year group of any siblings currently attending Ducklington CE Primary School

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Current Nursery provider, if any:

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Additional information the school should be aware of:

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Early Years Funding

Is your child in receipt of Early Years Pupil Premium? Yes / No

If so, please state the eligibility reason:

- In receipt through economic reasons
- In receipt through other reasons
- In receipt through economic reasons and other reasons

Is your child entitled to early years free childcare? Yes / No

(This is the 15 hours for free childcare available for 3 to 4 year olds and some 2 year olds)

What is your child's 2 year old funding reference number?

(This is a 10 digit reference number that must be provided if your child is entitled to the 15 hours of free childcare)

Is your child entitled to the extended 30 hours of free childcare? Yes / No

What is your child's 30-hour code?

(This is an 11 digit code that must be provided if your child is entitled to the extended 30 hours of free childcare)

Is your child eligible for the Disability Living Allowance (DLA)? Yes / No

(Used for checking the eligibility of the Disability Access Fund)

Is the child a young carer? Yes / No

Parent, Guardian or Carer's information for funding eligibility

If you believe your child is eligible for additional funding, please provide your details below so that we can carry out eligibility checks.

Parent/Guardian 1

First Name:

Surname:

Date of Birth:

National Insurance Number:

Parent/Guardian 2

First Name:

Surname:

Date of Birth:

National Insurance Number:

Previous Education

Name of Previous School (if applicable):

I confirm that the above information is correct and consent to my information being used to check funding entitlement.

Signed:

Date:

Places for our Nursery class will be allocated the term before they are due to start so please ensure your details above are correct for us to make contact with you. Please visit our website for further information on the 30 hour funding.