



# Manor Wood Primary

## NURSERY APPLICATION FORM

Carr Manor Road  
Leeds  
LS17 5DJ  
01132689160  
[office@manorwood.owlcotesmat.org](mailto:office@manorwood.owlcotesmat.org)  
[www.manorwoodps.org.uk](http://www.manorwoodps.org.uk)

**Please read the following information carefully as section clarifies our admissions procedures.**

Start dates for nursery are potentially September/January/April of any year and dependent upon availability of places. We have 78 places and are frequently oversubscribed. Therefore, we are unable to offer places to all the families who apply.

**Offers of a nursery place will always be made in writing.**

If we are oversubscribed, we allocate children according to the following priorities:

1. If they are a sibling of a child / children in our school
2. Children who live in our local area
3. Children who are likely to be admitted by the Local Authority to our Reception
4. Children who use our pre-school provision

Please note that attending our Nursery does not guarantee you a place in our school unless you have older children already attending Manor Wood Primary. Admissions to Primary School in the September following your child's 4th birthday is governed by Leeds City Council Children's Services and not school. You therefore need to apply for a place in Reception through the local authority.

**15 HOURS**

The 15 hour, 3 year old entitlement is offered over 2 weeks with children attending 3 full days 1 week (18 hours) and 2 full days the next week (12 hours).

Please indicate on the application form if you require extended care beyond fifteen hours during the school day. Extended Care is available at an extra cost and invoices are issued on a half termly basis. No refund is given if a child does not attend and four weeks' notice is required for cancellation.

**30 HOURS**

We offer a few 30-hour places to those families who have an eligibility code. We **only** offer this over 5 school days, term time only.

We are no longer able to split the 30 hours with any other provider and child care before and after school will not be included as part of the funded hours.

**MWC before and after school club provision**

Once you have received confirmation of your child's nursery placement you may then contact the MWC to enquire about the before and after school club provision.

The MWC is extremely popular and is often over-subscribed.

Sessions run from 7.30am-8.50am and from 3.15pm-6pm

The MWC also runs sessions during school holidays

Manor Wood Out of School Club : 0113 2693515. email: [cc@manorwood.owlcotesmat.org](mailto:cc@manorwood.owlcotesmat.org)

**We will endeavour to meet your requirements but unfortunately, we are unable to make any guarantees at the time of application. Please return the completed application form to Farzana Kauser in the School Office- [office@manorwood.owlcotesmat.org](mailto:office@manorwood.owlcotesmat.org)**

**We are happy to help if you require it, but please complete all of the following sections for your application to be considered.**

Child's Forename:..... Child's Surname:.....

Middle name(s): .....

Gender: Male/Female      Date of Birth: ...../...../.....

ID – Birth Certificate/Visa/Passport

**FAMILY LINKS IN MANOR WOOD PRIMARY SCHOOL**

If there are any siblings in the school, please give the full name and class:

Name: ..... Class:.....

Name: ..... Class: .....

**FAMILY LINKS IN ANY OTHER LOCAL AUTHORITY SCHOOL**

If there are any siblings in other schools, please give the full name, Date of Birth and school name:

Name: ..... DOB:..... School:.....

Name: ..... DOB: ..... School: .....

N/A

**Will Manor Wood Primary be your 1<sup>st</sup> choice of school when your child starts full time education?**

**Please circle one:                      YES    NO**

**ADDRESS OF CHILD**

House Number/Name: ..... Street: .....

District: ..... Postcode: .....

Home telephone no: .....

Mobile telephone no: .....

Email address.....

Please complete either the 15 hour section OR the 30 hour section. Do NOT complete both.

**15 HOURS**

Please select your preference

**Option 1 - 1<sup>st</sup> Half of Week**

Week 1: Monday to Wednesday

Week 2: Monday & Tuesday

**Option 2 - 2<sup>nd</sup> Half of Week**

Week 1: Thursday & Friday

Week 2: Wednesday to Friday

Additional extended care is available, subject to availability, at an extra cost. No refunds will be given for a child who is absent and four weeks' notice is required for cancellation.

Please indicate in the table below if you will require any additional nursery sessions during the school day.

	<b>MORNING 8.45am - Lunch</b>	<b>AFTERNOON Lunch – 3.15pm</b>
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		

**30 HOURS -**

You must provide the 30-hour code and National Insurance number to the school as soon as you receive it, or this may affect your application.

- 1. I will be eligible for the 30-hour code
- 2. My child will be attending 5 days a week Monday- Friday 8.45am to 3.15 pm.

Printed Name of parent/carer .....

Signature of parent/carer .....

Date .....

**FAMILY/HOME**

**Please give details of all persons who can be contacted in an emergency:**

**MOTHER'S DETAILS**

Surname: ..... Forename: ..... Title: .....  
Miss/Ms/Mrs/other.....  
Daytime tel no:..... Daytime place:..... (work/home)  
Mobile no:..... Workplace address .....

Notes: .....(eg mobile no. mornings only/work hrs etc)

Home Address:.....

Postcode: ..... Home tel no:..... e.mail address:.....

Please indicate relationship to child .....(eg Parent/Step-parent)

Does the above named contact have Legal Parental Responsibility for the child? YES/NO  
Contact Priority No: .....

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**FATHER'S DETAILS**

Surname: ..... Forename: ..... Title: .....  
Daytime tel no:..... Daytime place:..... (work/home)  
Mobile no:..... Workplace address .....

Notes: .....(eg mobile no. mornings only/work hrs etc)

Home Address:.....

Postcode: ..... Home tel no:..... e.mail address:.....

Please indicate relationship to child .....(eg Parent/Step-parent)

Does the above named contact have Legal Parental Responsibility for the child? YES/NO  
Contact Priority No: .....

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**OTHER CONTACT DETAILS**

Surname: ..... Forename: ..... Title: .....  
Daytime tel no:..... Daytime place:..... (if not at home)  
Mobile no:.....

Home Address:.....

Postcode: ..... Home tel no:.....

Please indicate relationship to child .....(eg Grandparent/Aunt/Childminder)

Does the above named contact have Legal Parental Responsibility for the child? YES/NO  
Contact Priority No: .....

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**TRAVEL ARRANGEMENTS** – please tick appropriate box

Car  Bicycle  Other   
Car share with another family  Walks   
Bus  Taxi

**LUNCH ARRANGEMENTS** – please tick appropriate box

Paid School Meal  Healthy Packed Lunch

Special Dietary Needs – please give details of any special diet and/or food allergies

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**MEDICAL INFORMATION**

Doctor's Name:..... Telephone No:.....

Practice Name & Address:.....

.....

Medical Conditions/Allergies/Developmental Needs (of which school should be aware)

Asthma  Diabetes  Eczema  Epilepsy  None

Other  (please give details) .....

Allergies.....

Developmental Needs.....

**ETHNIC/CULTURAL INFORMATION**

Ethnicity:..... Home Language:.....

First Language:..... Religion:.....

Country of Birth:..... Nationality:.....

**EDUCATIONAL HISTORY**

Previous Nursery Address Dates of Starting & Leaving

...../...../..... to ...../...../.....

...../...../..... to ...../...../.....

Signature(s) .....

(Persons who have legal parental responsibility for this pupil)

**General Data Protection Regulation 2018**

Under the terms of the General Data Protection Regulation (GDPR) and Data Protection Bill 2018, Manor Wood Primary School must inform you that where there is no legal obligation to provide information to us, we will always obtain your explicit consent to process your data.

**Declaration**

I understand that the information that I supply will be used by the school in order to fill its legal obligations and functions and is conditional on Manor Wood Primary complying with their obligations under the GDPR and the proposed Data Protection Act.

Name \_\_\_\_\_ Signed \_\_\_\_\_ Today's Date \_\_\_\_\_

-----for office use only-----

Child's Name:.....

Date application received :..... Intake: Sept/Jan/April .....

Added to waiting list : .....

Place offered Y/N                      Reply received Y/N                      Accepted Y/N

Sibling: Y/N                      Year:.....                      Class:.....

Date of Admission: .....                      Admission No:.....

Entered on SIMS.net: .....                      Staff initials:.....