

**Queen Emma Nursery
ENQUIRY FORM**



Queens' Federation

Queen Emma
Nursery

Please complete the form below if you wish to apply for a place at our Queen Emma Nursery and return to the school office.

1. Your Child			
Full Name:		Address and Postcode :	
Date of Birth:	Nationality:	Gender:	
Is the child Looked After (i.e in the care of a local authority/fostered)?			YES/NO
Are you eligible for maximum Working Families' Tax Credit or in receipt of unemployment benefit or income support?			YES/NO
Is either parent a serving member of HM Armed Forces?			YES/NO
Does your child have a sibling(s) in Queen Emma School? If so please provide their full name(s):			YES/NO
Does your child have Special Educational Needs (as identified by a relevant education professional)?			YES/NO
Does your child have a severe and long-term medical need?			YES/NO
<p>If you have answered yes to either of the above, please provide further information on the back of this form or on a separate sheet, together with copies of all relevant supporting documentation. You should also provide contact details of the relevant professional(s), e.g. your child's medical consultant or paediatrician, whom we will contact for additional information.</p> <p>The Governors will, taking specialist advice, determine whether a medical or educational need is exceptional and therefore whether the child should be admitted under criterion 1 of the nursery admission criteria.</p>			
2. Admission Applications for children from outside the UK.			
Date of arrival in the UK:		Length of stay In the UK:	
Reason for being in the UK:			
Please attach a photocopy of your child's passport.			
3. Your Details			
Please note <u>all</u> adults with parental responsibility should sign this form.			
Having parental responsibility for the child, means assuming all the rights, duties, powers, responsibility and authority that a parent of a child has by law. All those named on a birth certificate have parental responsibility.			
Full name:		Address: (if different from above)	
Relationship to child:			
Telephone Number:			
Signature:			
Full name:		Address: (if different from above)	
Relationship to child:			
Telephone Number:			
Signature:			
Primary email address:			

In order for your application to be considered, please take the completed application with proof of your home address and proof of your child's date of birth to the school office.

The information you provide here will be used by the County Council for the purposes of admissions only. If you have any queries regarding how this information will be used, please contact the Admissions Team, Box CC1206, Castle Court, Cambridge, CB3 0AP.