



Keyworth Primary School Part Time Nursery Application

Part of the Bessemer and Keyworth Federation

Return form by email: office@keyworth.southwark.sch.uk

Return form by post/ in person: Faunce Street, London, SE17 3TR

Please note: If your child is admitted to Nursery, they will not be automatically offered a place in Reception

Please tick your preferred session:

AM

PM

Please note, your preferred option may not always be available

Child's First Name		Child's Surname	
Date of Birth		Gender	
Name of previous school if applicable		Last Date of attendance	
Child's Home Address			

Please provide two contacts the school can use to discuss this application:

Parent/Carer First Name		Parent/Carer Surname	
Contact Number			
Parent/Carer First Name		Parent/Carer Surname	
Contact Number			

Please give details of other children on the school roll who live at the same address as you and state their relationship to you and the child concerned

Child's Name	Current Class	Relationship

Does your child have any medical and/or social reasons for making this application?

If YES please give brief details	
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Does your child have any special educational needs?

If YES please give brief details	
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Please ensure you attach any supporting documents to this form

PARENT DECLARATION: I confirm all details on this form are correct

Signature		Date	
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Office use only

Application date:		Headteacher comments		
Proof of address seen	YES		NO	
Birth cert seen	YES		NO	

Keyworth New Applicant Information Sheet

To be completed prior to enrolment

What is the student's level of attendance at their current/most recent school?

90% or less	90-96%	96% +
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What are the student's academic levels at their current/most recent school?

Reading	Below expected level	At expected level	Above expected level
Writing	Below expected level	At expected level	Above expected level
Maths	Below expected level	At expected level	Above expected level

Does the student have English as an additional language (EAL)?

Yes	No
If yes, are they new to English?	

Does the student have medical needs?

Yes	No
Details: Does the child have a Health Care Plan to support their medical needs?	

Does the student have special educational needs? Is the student on the SEN register? Have they previously been on the SEN register?

Yes	No
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If YES, please provide the following information:

Area of special educational need:

Cognition and Learning	Speech Language and Communication Needs	Social Emotional and Mental Health Needs	Sensory/Physical Needs
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Diagnosis: _____

Details of support at current/most recent school:

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Has the child had any behavioural difficulties at their current/most recent school?

Details:	Yes	No
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Is the child known to any other services?

Educational Psychology	Speech and Language Therapy	CAMHS
Occupational Therapy	Early Help Service	Children's Social Care
School Nursing	Other: _____	Other: _____

Is the child on a Child Protection Plan or Child in Need Plan? Are there any safeguarding concerns for the child and family?

Yes	No
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Any other information:

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