Mandeville Primary School

Mandeville Drive, St Albans, Herts, AL1 2LE Tel: 01727 519220

Email: admin@mandeville.herts.sch.uk
Website: www.mandeville.herts.sch.uk

Head Teacher: Cathy Longhurst

NURSERY APPLICATION FORM 2027/2028

Child's Details			
Last name:			
Forenames:			
Date of Birth:	/ /	**Gender:**	**M/F**
NHS number:		_ _ _ / _ _ _ / _ _ _ _	
Your relationship to the child: (e.g. mother/father/carer/ stepmother/father/ social worker)			
Your child's permanent address (at time of application)			
Address:			

Our Provision Options
We currently offer the current three options of provision at Mandeville Primary School: OPTION 1 - We are offering 15 hour funded places, Monday to Friday 8.50am -11.50am over 38 weeks, term time only (compulsory). You have the option to book our lunch club from 11.50am - 12.50pm at an extra charge. OPTION 2 - We are offering 30 hour funded places, Monday to Friday 8.50am - 3.20pm over 38 weeks, term time only. An extra charge will be made to cover the extra provision at the end of the day. OPTION 3 - If you are not eligible for the 30-hour free childcare and would like your child to also attend for an afternoon from 11.50am - 3.20pm at a cost of £26 per session. These sessions will be subject to availability. *You do not need to make this decision now and it can be subject to change. However, it allows us to know the possibilities of provision needed for your child. Additionally, prices for this provision are also subject to change.* **Please tick option and days that will apply to you.**

Option 1 – 15 hours *(compulsory)*					
Lunch club	*Mon*	*Tues*	*Wed*	*Thurs*	*Fri*
Option 2 – 30 hours government funded	*Mon*	*Tues*	*Wed*	*Thurs*	*Fri*
Option 3 – 30 hours paid	*Mon*	*Tues*	*Wed*	*Thurs*	*Fri*

Admissions Criteria Eligibility	
Children in Public Care Is your child looked after, or was previously looked after and is now adopted or with a child arrangements or special guardianship order? (Please provide evidence with this form)	***Yes/No***
Special Educational Needs Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)? (Please provide evidence with this form)	***Yes/No***
At risk Is your child or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)	***Yes/No***
Social or medical reasons Do you have a particular medical or social need to go to this school? (Please provide evidence with this form)	***Yes/No***
If your child will have a sibling at this school in September 2025, enter their name and date of birth:	
Early years setting child currently attends or has attended (with dates)	

Please complete the details for both parents/carers if living at the same address		
	Parent/Carer 1	**Parent/Carer 2**
Title		
Forename		
Surname		
Date of Birth		
National Insurance Number		
National Asylum Support Service (NASS) Number (if applicable)		
Address		
		Post code
Email address		
Telephone number		