## The Federation of Fairfield and Colneis

Fairfield Infant School High Road West Felixstowe Suffolk IP11 9JB

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# APPLICATION FORM FOR ADMISSION TO FAIRFIELD INFANT SCHOOL NURSERY CLASS SEPTEMBER 2025

NB: Admission to Nursery Class does not guarantee a full-time place in the school to which the nursery is attached. A separate application for a full time place in the school must be made. Your child can stay in a school nursery class until the September following their 4<sup>th</sup> birthday, when a reception class place will be offered.

## **About Nursery School Classes and Funding...**

Your child can stay in a nursery school class until the September following their 4th birthday. All children are entitled to free part-time early education from the beginning of the term following their 3rd birthday. The entitlement is for up to a maximum of 15 hours per week for 38 weeks of the year. The 15 free hours can be claimed for the morning or afternoon sessions but must be claimed at the beginning of each term. Funded hours are then fixed for the whole term and cannot be changed. You may be entitled to 30 hours free early years education; you will need to check your eligibility and apply through www.childcarechoices.gov.uk

## Application to Fairfield Nursery...

Fairfield Nursery is open Monday – Friday from 08.40am to 3.20pm, during term time.

To apply for a place at Fairfield Nursery please complete the details requested overleaf and bring the completed form to Fairfield Infant School together with your child's birth certificate. All applications need to be made by **Friday, February 28th** 

If you have any queries please do not hesitate to contact us, either by telephone or e-mail.

## **Key Dates**

Friday, February 28th - All applications to be returned to the school office.

Friday, April 4th - Offer letters will be sent out.

Friday, May 2nd Signed acceptance reply slips must be received by the school office.

Please note that any applications made after February 28th will not be looked at until May 5th.

The Federation of Fairfield and Colneis is committed to safeguarding and promoting the welfare of children











# **PUPIL DETAILS:**

Pupil's surname						
Forename(s)						
Home address						
Telephone no.						
Date of birth				Gender		
Ethnicity				Home Language		
Sibling in School	YES/NO					
Sessions required Please indicate below hour code if this is ho	, which sessions					mation of your
	Monday	Tuesday	We	ednesday	Thursday	Friday
Mornings 3.40 – 11.40						
_unchtime <b>£3.00</b> 11.40 – 12.20						
Afternoons 12.20 – 3.20						
30 Hour code						
Please name any other pre	e-schools that your	child is/will be att	tending:			
Will you be splitting your funding?			Yes / No			

### **PARENT DETAILS:**

#### Parent 1:

Title	Mr / Mrs / Miss / Other	
Full Name		
Parental responsibility	Yes / No	
Home address (if different from above)		
Home Tel No.	e-mail address (please print clearly)	
Mobile No.	Place of Work & Work No.	

## **ADDITIONAL PUPIL DETAILS:**

Does your child have an Education Health Care Plan?	Yes / No	
Is your child currently on the SEN register?	Yes / No	
Are either of the parents in services or armed forces?	Yes / No	
If your child is a Looked After or Post Adoption Child, please refer to the information on our school website regarding adoption and pupil premium		

The information I have given is true to the best of my knowledge and belief. I understand that if a place is offered on the basis of any false information given by me, the place can be withdrawn at any time by the Local Authority. I authorise the school to claim for the sessions indicated above.

Parent or Carer's	signature	Date
Parent of Carer 5	Signature	Date Date

By giving us this data you are ensuring that the individual has been made aware.

Further information can be found in our parents' privacy notice available on our website. If you wish to withdraw your consent to any of the above, you can do so at any time by contacting the school office.

# FOR OFFICE USE ONLY- Birth certificate verification

Country of issue	
Date of issue	
Reference number	
Name verified	Yes/No
DOB verified	Yes/No

Date of verification: Carrie	ied out by:
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