

## **HALFWAY NURSERY INFANT SCHOOL**

**We aim to provide a welcoming and secure environment which enables children to develop socially and emotionally, as individuals, and as members of a group. This stimulating and structured setting gives children the opportunity to develop their intellect and learn through their play. We help children to master the basic skills and concepts which have already been fostered and which they will build on in later years, and encourage a desire to learn through play, curiosity and enjoyment.**

### **HOW DO I APPLY?**

**Any parents who live in Sheffield may apply for a place for their child at Halfway Nursery Infant School in accordance with Local Authority Policy.**

**An Application Form is overleaf. Would you please complete, cut off and return this to the School Office.**

## **ADMISSION TO NURSERY**

**Children are admitted to Nursery on the basis of the following criteria:**

- 1. Children who have priority reasons e.g. Special Needs.**
- 2. Children who live in the school's catchment area by age order.**
- 3. Any other children who live outside the school's catchment area.**

**The earliest that a child can be admitted to Nursery is the term after their third birthday if places are available.**

**The place allocated will be for either five morning or five afternoon sessions.**

### **Session times**

**Morning – 8.30 – 11.30 a.m.**

**Afternoon – 12.30 – 3.30 p.m.**

## **TRANSITION INTO FOUNDATION 2 YEAR**

**You need to make a separate application for a place in school. We advise that you do this as soon as possible. Please call in at the school office for an application pack containing details of how to apply for a place.**

**Children may make the transition into Foundation 2 Year in school from the September after their 4<sup>th</sup> birthday.**

# HALFWAY NURSERY INFANT SCHOOL

## APPLICATION FOR NURSERY



Headteacher Mr. S. Varnam B.Ed.

### HALFWAY NURSERY INFANT SCHOOL - NURSERY APPLICATION FORM

Child's Surname \_\_\_\_\_ Child's Forename(s) \_\_\_\_\_

Date of birth \_\_\_\_\_ \*Boy ☐ \*Girl ☐

Home address \_\_\_\_\_ Post code \_\_\_\_\_

Parent(s)/Guardian(s): Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Home telephone number \_\_\_\_\_ Daytime contact number \_\_\_\_\_

Which Infant School do you expect your child to attend: \_\_\_\_\_

Any further information to support your child's application (if any) \_\_\_\_\_

Please indicate by ticking the boxes below which nursery sessions you would prefer for your child. You are entitled to a maximum of up to five free nursery sessions. We cannot guarantee that we will be able to allocate the exact sessions that you have requested, but every effort will be made to accommodate your preferences.

Morning Session Mon ☐ Tue. ☐ Wed. ☐ Thur. ☐ Fri. ☐

Afternoon session Mon ☐ Tue. ☐ Wed. ☐ Thur. ☐ Fri. ☐

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### PLEASE RETURN TO:

Halfway Nursery Infant School Office, Station Road, Sheffield, S20 3GU.  
Telephone/Fax: 0114 2482360 or 2472402