



Part Time from September 2018

For children born between 1 September 2014 and 31 August 2015

The completed form should be returned to the academy office **with documentation to confirm your child's date of birth and address.**

This form must be returned by **15th January 2018**. You must not assume that a place has been reserved for your child just because you have completed this form.

Please note that all places are part time, either morning or afternoons

Child's details

First name:		Surname:	
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Gender (please tick):	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth:	
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Child's address at the time of this application:	
Postcode:	

Please note that this must be the address where the child normally lives.

If the address is different from the parent / carer address, or if parents share custody this must be stated. Please give details below:

Two proofs of address must be submitted with this form.

One of these must be a notification of Child Benefit from HMRC (unless you are subject to immigration control).

The other should be either a Council tax document, a utility bill or a mortgage/ rent agreement (less than 3 months old).

1st Parent / Carer details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	First	Surname
<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Name	
Relationship to child	Mother <input type="checkbox"/>	Foster carer <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
	Father <input type="checkbox"/>	Social worker <input type="checkbox"/>	
Contact telephone	Mobile:		Home:
E-mail address			

2nd Parent / Carer details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	First	Surname
<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Name	
Relationship to child	Mother <input type="checkbox"/>	Foster carer <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
	Father <input type="checkbox"/>	Social worker <input type="checkbox"/>	
Contact telephone	Mobile:		Home:
E-mail address			

Children with additional needs

	Yes	No
Does your child have an existing Education, Health and Care Plan (EHCP)?	<input type="checkbox"/>	<input type="checkbox"/>
Is an assessment of your child's needs currently in progress?	<input type="checkbox"/>	<input type="checkbox"/>
If you answer 'yes' to any of the above, please attach details when returning form.		

	Yes	No
Does your child have any other needs you feel we should know about?	<input type="checkbox"/>	<input type="checkbox"/>
If 'yes', please give details below		

Children in care

	Yes	No
Is your child in the public care of the local authority	<input type="checkbox"/>	<input type="checkbox"/>

If, 'yes', please specify:-

Local Authority name			
Social worker name		Telephone:	

Please also provide a letter from the Social Worker confirming the legal status of the child and the local authority the child is in the care of. The letter should also provide the reasons for the preference of school.

Current Early Years Provider / Pre School Provision (if applicable)

Playgroup		Nursery	
Hours attended per week:			
Is there any other information you can provide so that we can plan for your child's smooth entry into one our academy nurseries?			

Preference

List the name of the academy nursery in order of preference. Please note, only one offer will be made to either Cuckoo Hall, Kingfisher Hall or Woodpecker Hall academy

Order of preference	If a sibling (brother or sister) already attends, please state their name and class	Reason for preference
1		
2		
3		

SECTION G: Declaration and signature of parent / carer

I confirm that I have received and read the admissions criteria for a nursery place in one of our academies and I understand the way in which places will be allocated.

I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief. I understand that false or deliberately misleading information given on this form or in supporting information may render this application invalid. I understand that the academy may check any of the information provided.

Signature

Date

OFFICE USE ONLY

Documents seen:	Proof of address: <input type="checkbox"/>	Proof of date of birth: <input type="checkbox"/>
Date received:		Distance from academy:

Signature

Date

(Headteacher or their representative)

Information supplied will be used for registered purposes in line with UK Data Protection legislation