APPLICATION FOR ADMISSION TO NURSERY IN SEPTEMBER 2019

Please return the completed form to school no later than Friday 8th February 2019

Section A – Your Child's Details			
Child's Surname	Child's First Name		
Date of Birth	Sex		
Section B – Your Details			
Full details of parent(s) or guardian(s) w	ith whom the child lives (see Note I)		
Parent or Guardian I			
Name	Relationship to Child		
Daytime Telephone	Evening Telephone		
Contact Email			
Parent or Guardian 2			
Name	Relationship to Child		
Daytime Telephone	Evening Telephone		
Contact Email			
Home Address (including full postcode)			
Borough you live in:			
Date you moved to this address:			
If you have recently moved, please prov	ide details of your previous address:		
Borough you lived in:			
Date you left this address:			

Section C – Type of Place Applied For				
Please circle the type of pla	Open Place / Foundation Place			
you are applying for				
If Foundation which church do you attend:				
If the child named in Section A has a sibling who will be attending the school at the time the child named in Section A				
is due to start at the school please complete the following:				
Name of Child				
Date of Birth				
Year Group in				
September 2019				
If you believe that your child has a medical or social need for a place at a particular school, this includes a child who is				
looked after by the local authority (ie. is in public care) you must provide supporting written evidence with this				
application form (see Note 2)				
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Section D – Children from Overseas:					
Please complete if your child has recently entered the country (see Note 3)					
Please give the date of entry to UK:	Please give your country of Origin	How long will your child be living in the United Kingdom?			
Are either you or your child an Asylum Seeker? YES / NO		Does your child speak English? YES / NO			
If English is an additional language for your child, will he or she need help with this in school? YES / NO					
What is the child's home language?					
Does the parent or guardian speak English? YES / NO					

ls your child currently attending a	Nursery School? YES / NO	
Does the Child have an Education	, Health and Care Plan? YES / NO	
Previous nurseries attended:		
Name	Date Started	Date Left

Section F – Parental Consent and Agreement

I agree that:

- I have read and understood Holy Trinity's Admissions Policy document
- The information I have provided is correct and that any omissions or errors may result in the return of the form to me and/or the withdrawal of any place offered

Date
Date

Section G - Notes

Note I: If you are not the parent of the child named on Page I, you may be required to supply documentation confirming your status as legal guardian. If you do not supply this information we may be unable to process your application.

Note 2: Evidence of medical or social need for a place at a particular school (including where a child who is looked after by the local authority i.e. is in public care), must be provided in writing with this application form. This must be from an appropriate professional person. For example, this evidence could be from your doctor, hospital consultant, social worker or Vicar. However, we cannot accept letters from yourself or from other members of your family. Nor do we consider childminding and/or parents working arrangements as evidence of social need.

Note 3: If your child has 'leave to stay' in the UK for longer than 6 months then you can apply for a school place. Please note that you will need to provide (a) proof of permission to stay in the UK, such as Home Office Visa and/or Asylum Seeker Papers, (b) evidence of your new address, and (c) copy of your passport.