

## Request for a place in a Nursery Class

Please complete this form and send it to the school you wish your child to attend.

Please note that if you are offered a place in a Nursery class this does not guarantee a place in the school's Reception class.

| School:                                    |                         |              |          |
|--|-------------------------|--------------|----------|
|  | T                       |              |          |
| Child's First Name                         | Surname                 | Date of Birt | <u>'</u> |
|  |                         | DD/MM/YY     |          |
| Are any other names u                      | ised                    |              |          |
| by your child? If so, pl                   | ease                    |              |          |
| give details:                              |                         |              |          |
| Name of adult with                         |                         |              |          |
| Name of adult with parental responsibility |                         |              |          |
| parental responsibility                    |                         |              |          |
| Relationship to child:                     |                         |              |          |
|  |                         |              |          |
|  | Γ                       |              |          |
| Your home address:                         |                         |              |          |
| Tour Home address.                         |                         |              |          |
|  |                         |              |          |
|  |                         | F            |          |
| Does your child live wi                    | th you at this address? | Yes          | No       |
| If "no" please provide                     | the                     |              |          |
| address where your ch                      |                         |              |          |
| lives:                                     |                         |              |          |
|  |                         |              |          |
| Name of person child                       |                         |              |          |
| lives with:                                |                         |              |          |
| Relationship to child:                     |                         |              |          |
| ·  |                         |              |          |
| Your telephone contac                      |                         |              |          |
|  | Evening                 |              |          |
|  | Mobile<br>Email:        |              |          |
|  | Lillall.                |              |          |
| Is your child an asylum seeker/refugee?    |                         | Yes          | No       |
|  |                         | -            |          |
| If you have arrived in E                   |                         | г            |          |
| З years, please state m                    | nonth and year of entry | Month        | Year     |

| and include a copy of your child's passport & visa   |                     |    |  |  |  |
|--|---------------------|----|--|--|--|
| If your child in public care (look after by LA)  | Yes                 | No |  |  |  |
| Does your child have a brother or sister at your preferred school?   | Yes                 | No |  |  |  |
| Has your child attended any other Early Years or Child Care Provision?   | Yes                 | No |  |  |  |
| If so, please provide details of the provider Dates:   | From                | То |  |  |  |
| Please indicate with a tick (✓) which sessions on which da   | ys you would prefer |    |  |  |  |
| am pm  Mon Tue Wed Thur Fri  |                     |    |  |  |  |
| Are you making this application on medical grounds?  | Yes                 | No |  |  |  |
| Does your child have a Statement of SEN?   | Yes                 | No |  |  |  |
| Do you consider your child to have a disability?   | Yes                 | No |  |  |  |
| If yes, please state the nature of the disability?   |                     |    |  |  |  |
| Please give details of any of the agencies (eg Social Inclusion and Health) involved:  |                     |    |  |  |  |
|  | L                   |    |  |  |  |
| Sandwell MBC policy of providing nursery education is based on the DfE Code of Practice for the provision of Free Nursery Education Places for three and four year olds. You are allowed to access up to 15 hours of nursery education at a maximum of two settings, however, you must not exceed the 15 hours entitlement. By signing this application form you agree to abide by the council's policy. |                     |    |  |  |  |
| Signature of Parent / Carer  |                     |    |  |  |  |
| Date:  |                     |    |  |  |  |

Information from this form will be used for the puposes of administering school admissions. All information is regarded as confidential and the personal data collected via this form may be processed or disclosed only within the limits of the current data protection notification.