



Application for Admission to All Saints CE First School Nursery

You should complete and return your application form directly to the School Office.

CHILD'S DETAILS

Child's Legal Surname: Date of Birth:

Child's Legal First Name: Male: Female:

Full Postal Address:
(including postcode)

NB: it is your responsibility to advise the School Office immediately if these details change.

Is your child a twin of triplet, etc (one of multiple birth)? Yes No

If yes, please provide the names of related applications:

Please tick each box as appropriate

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is this child in the care of a local authority?

Has the child previously been in the care of a local authority but has since been adopted (or become subject to a residence order or special guardianship order since being in public care?) If 'Yes' to either of the above, please provide Social Worker and Local Authority contact details in the box below:

From a returning Service/Crown Servant family?

<input type="checkbox"/>	<input type="checkbox"/>
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Does this child have a statutory statement of educational need or Education, Health and Care Plan?

<input type="checkbox"/>	<input type="checkbox"/>
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DETAILS OF OLDER BROTHER OR SISTER ATTENDING ANY YOUR PREFERRED SCHOOL

(Please note that for most schools the older brother or sister must still be in attendance at the school in September 2018, and permanently living at the same address)

Name of Sibling

Date of Birth

Current Year Group

DETAILS OF PERSON COMPLETING THIS FORM

Surname: Please indicate title Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address:

DECLARATION AND SIGNATURE OF APPLICANT

The information provided on this application form will be used to ensure that the schools records are correct. It may also be shared with other agencies and service providers to ensure that your child receives an appropriate service.

I certify that the information I have provided is true to the best of my knowledge, and understand that any false or deliberately misleading information provided on this form and/or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a school place for my child. I also give my consent for the School to contact relevant agencies in order to validate this application.

Before returning this form please sign to agree that you have:

- consulted with any other persons who have parental responsibility for this child.
- provided any supportive evidence required to assess your application; completed any supplementary forms necessary.

Signature:

Date:



ALL SAINTS CE FIRST SCHOOL
EARLY YEARS CLASS – NURSERY

Name of Child _____

Please indicate the sessions you wish your child to attend and any lunch requirements.

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Nursery morning session 8.45am – 11.45am					
Nursery morning session with lunch. 8.45am – 12.30pm					
Packed Lunch or School Meal (Charge applies)	Packed Lunch <input type="checkbox"/> School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/> School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/> School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/> School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/> School Meal <input type="checkbox"/>
*Afternoon Session (Managed by Preschool) 12.15pm – 3.15pm					

***Please note the afternoon session is only available if your child has attended the morning session. A charge applies if not entitled to 30 hours funding.**

FUNDING – My child is entitled to 30 Hours Funding

Children aged under 5 are entitled to free milk in school, please tick if you wish your child to have milk

Please advise of any food intolerances: _____

Signed _____ Date _____