

## **Application for Admission to Anna Seward Primary Nursery Setting**

Before completing this form, you should read the Admission Arrangements provided on our website at <http://www.annaseward.atlp.org.uk>

Please complete and email your application form to: [contact-us@annaseward.atlp.org.uk](mailto:contact-us@annaseward.atlp.org.uk)

Nursery Intake	Nursery Tour Date	Applications close	Offer/No Offer
<b>September (Autumn Term)</b>		28 <sup>th</sup> February	31st March
<b>January (Spring Term)</b>		30 <sup>th</sup> September	31 <sup>st</sup> October
<b>April (Summer Term)</b>		31 <sup>st</sup> January	28 <sup>th</sup> February

### **1. CHILD'S DETAILS**

Child's Legal Surname:	<input style="width: 90%;" type="text"/>	Date of Birth:	<input style="width: 90%;" type="text"/>
Child's Legal First Name:	<input style="width: 90%;" type="text"/>	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Child's Preferred Name:	<input style="width: 90%;" type="text"/>		
Full Postal Address: (including postcode)	<input style="width: 95%;" type="text"/>		
Ethnicity:	<input style="width: 95%;" type="text"/>		
Religion:	<input style="width: 95%;" type="text"/>		
First Language:	<input style="width: 95%;" type="text"/>		
Home Language:	<input style="width: 95%;" type="text"/>		

**NB: it is your responsibility to advise us immediately if these details change.**

### **2. Birth Certificate**

I have enclosed a copy of my child's birth Certificate	Yes <input type="checkbox"/>
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### **3. NURSERY AND WRAPAROUND CARE REQUIREMENTS (Please select as appropriate)**

**Minimum of 3 nursery sessions**

Days	Before School Care 7.30 to 8:40 am	Morning Session 8:40-11:40 pm	Afternoon Session 12:10 to 3:10 pm	After School Care 3:10 to 6:00 pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

### **4. FURTHER INFORMATION ABOUT YOUR CHILD**

Is your child a twin of triplet, etc. (one of a multiple birth)?

Yes ☐ No ☐

If yes, please provide the names of related applications:

Is this child in the care of a local authority? (Please select each box as appropriate)

Yes ☐ No ☐

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 Yes ☐ No ☐

**If 'Yes' to either of the above, please provide Social Worker and Local Authority contact details in the box below:**

Does this child have an Education, Health and Care Plan (EHCP)

Yes ☐ No ☐

Does your child attend another nursery/childcare provision?

No ☐

If yes, where

No

**ELDER BROTHER OR SISTER DETAILS (where applicable)**

**Name of elder brother or sister**

**Date of Birth**

## 5. DETAILS OF PARENTS

Surname:

Please indicate title Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address:

Surname:

Please indicate title Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address:

## 6. ADDITIONAL NOTES TO SUPPORT YOUR APPLICATION

If applicable, please attach any additional information to support your application if it is relevant to the admissions criteria.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_