



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:

Child's First Name	Surname	Date of Birth			Male/ Female
		Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are any other names used by your child? If so please give details:

Name of adult with parental responsibility:

Relationship to child:

Your Home Address:

Does your child live with you at this address?

Yes

No

If "No" please provide the address where your child lives:

Name of person child lives with:

Relationship to child:

Your Telephone Contact Number:

Daytime:

Evening:

Mobile:

Is your child an asylum seeker/refugee?

Yes

No

If you have arrived in Britain within the last 3 years please state month and year of entry and include a copy of your child's passport and visa.

Month:

Year:

Is your child in public care (Look after by the Local Authority)?

Yes

No

Does your child have a brother or sister at your preferred school?

Yes

No

If so, please give details:

Name:

	Day	Month	Year
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your child attended any other Early Years or Childcare Provision? If yes please provide details of the provider and dates when the provision was provided. Yes No

Name of Provider:

Dates: From To

Please indicate with a tick (✓) which sessions on which days you would prefer your child to attend.

	AM	PM
Mon	<input type="checkbox"/>	<input type="checkbox"/>
Tues	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>

Are you making this application on medical grounds? Yes No

Does your child have a Statement of Special Educational Needs? Yes No

Do you consider your child has a disability? Yes No

If yes, please state the nature of the disability.

Please give details of any other agencies (eg Social Inclusion and Health) involved with your child:

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/Guardian:

Date:

Information from this form will be used for the purposes 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. For further information please contact Admissions & Appeals – 0121-569 6765.