

Application for Admission to Nursery January 2021

You should complete and return your application form to Tynsel Parkes C.E. Primary Academy **by 23rd October 2020 at the latest.**

CHILD'S DETAILS

Child's Legal Surname: Date of Birth:

Child's Legal First Name: Male: Female:

Full Postal Address:
 (including postcode)

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

If yes, please provide the names of related applications:

Is this child in the care of a local authority?

Please tick each box as appropriate

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

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:**

<input type="checkbox"/>	<input type="checkbox"/>
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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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Please detail in the box below the names and contact details of any outside agencies currently involved with this child. For example social worker, CAMHS, behaviour support, paediatrician, local support teams or similar.

Is this child still in nappies? Yes No

If no, will potty training commence before they attend nursery? Yes No

Please note that the Intimate Care Policy will need to be completed for school records.

Please detail below any additional information you think is relevant.

DETAILS OF PERSON COMPLETING THIS FORM

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

First Name:

Relationship to Child:

Contact Number:

Email Address:

If you are caring for someone else's child for more than 28 days and are not an immediate relative, you may be privately fostering and it is a legal requirement that you contact the local authority on 0800 1313126. Further information is available at www.staffordshire.gov.uk.

DETAILS OF OLDER BROTHER OR SISTER ATTENDING TYNSEL PARKES C.E.PRIMARY ACADEMY

Name of Sibling	<input type="text"/>	Date of Birth	<input type="text"/>
Name of Sibling	<input type="text"/>	Date of birth	<input type="text"/>

DECLARATION AND SIGNATURE OF APPLICANT

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 a place for my child at the Nursery at Tynsel Parkes C.E. Primary Academy.

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 and completed any supplementary forms necessary.

Signature: Date:

If you require any assistance please telephone the school on 01889 221920

Please email your application to office@tynselparkesacademy.co.uk or post to Tynsel Parkes C.E. Academy, School Road, Uttoxeter, Staffordshire, ST14 7HE by the closing date of 23rd October 2020.