

APPLICATION FORM FOR A NURSERY PLACE

Office Use Only: BC seen ☐
Staff Initials: _____
Date: _____

PERSONAL DETAILS

Child's Surname	Child's Forename(s)	Boy	Girl	Date of Birth

Child's Home Address: _____

_____ Post Code: _____

Mother's Full Name: _____

Mother's Address (if different from above): _____

_____ Post Code: _____

Mobile Number: _____ Land Line: _____

Father's Full Name: _____

Father's Address (if different from above): _____

_____ Post Code: _____

Mobile Number: _____ Land Line: _____

If parents do not live together, who has parental responsibility?

- ☐ Mother
☐ Father
☐ Both
☐ N/A - Parents live together

E-mail address of parent completing the application form: _____

Please enter below the full names and dates of birth of other siblings who will be in attendance at Waycroft Academy when your child starts nursery (the September after their 3rd birthday)

Child's Name	Date of Birth

ADDITIONAL INFORMATION

Name of any health professionals involved with your child e.g. Speech Therapist or paediatrician etc:

Any other information you think is appropriate:

INDIVIDUAL NEEDS OF THE CHILD

Does your child receive support for special educational needs or are you concerned about a potential special educational need? Yes / No

If yes please give full details:

I understand that completing this form does not guarantee my child a place in the nursery.

I have read and understand the nursery admissions policy.

I have stated on the following options sheet, exactly what I am applying for.

Important Note: If your circumstances change, i.e. change of address, please contact the school office on 0117 3772198 or info@waycroftacademy.com - it is the parents/carers responsibility to ensure this information is kept up to date.

Signed Parent/Carer: _____ **Date:** _____

Print Name: _____

You must show the school your child's birth certificate when you return this form.

For School Use Only - Criteria for the allocation of places

1. Children in Care or children who were previously in Care but immediately after being in Care became subject to an Adoption Order, Child Arrangements Order, or Special Guardianship

- | |
|--------------------------------------|
| Order.
2. Siblings
3. Distance |
|--------------------------------------|

Options for nursery places

1. 15 hours place mornings only
2. 15 hours place for the start of the week - all day Monday and Tuesday and Wednesday morning
3. 15 hours place for the end of the week - all day Thursday and Friday and Wednesday afternoon
4. 30 hours place - please make sure you are eligible for this option prior to applying by looking at the criteria in the admissions policy

I am applying for:	
A second option that would suit my family is:	

Any other important information:

Mang/WP/Nursery admissions - application form