



Application for a Nursery place for September 2020

All Souls' C E Primary School
Headteacher: Mrs G Rennie
Rye Street
HEYWOOD
OL10 4DF

To be returned to the Headteacher of the school of your choice by: **14-02-2020**

This application form is for children born between 1st Sep 2016 to 31st Aug 2017

Please complete this form in BLOCK CAPITALS, please be aware that we will ask for proof of your child's birth date and some means of checking your child's address (e.g. Child Allowance Book) please either enclose them with this form or bring them into school.

Child's Surname -----

Child's Forenames -----

Date of Birth ----- Boy or Girl-----

<u>Address at time of Application</u>	
House no	-----
Street	-----
Town	-----
Post Code	-----

N.B: The address you give **must** be the address at which the child normally resides. It cannot be the address of your child-minder, friend or relative.

Telephone Number Day ----- Telephone Number Evening-----

School Use: Date of Birth Verified Address Verified Initials

Children in the nursery are normally allocated either a morning or an afternoon session. Full-time places may be available at cost to be advised upon allocation. Please give your preference in the box below (with reasons).

Morning Afternoon Either Full Time (Cost to be advised)

N.B: Please attach a separate sheet of paper if more space is needed.

Does your child come under any of the priorities listed in the admission policy that make it additionally important to have a Nursery place at this school. YES/NO

If the answer is **yes** to the above question, please state briefly the reason in the space provided below, you must also produce supporting evidence from a relevant Health Visitor, Doctor, Speech Therapist etc. If supporting evidence is not supplied with this application form, normally the school will disregard priority claims.

If you have other children already attending school, please give their names and which school they attend below.

Name of child -----	Name of School -----
Name of child -----	Name of School -----
Name of child -----	Name of School -----

If you have any more children attending school please use the space provided below.

If you wish your child to be considered for a nursery place at any other school place state your next two choices

1.

2.

DISABILITY EQUALITY DUTY

Do you consider your child to have a disability? YES NO

If yes, please provide details: _____

Do you consider yourself to have a disability? YES NO

If yes, please provide details: _____

ALL APPLICATIONS MUST BE SIGNED BY A PARENT/GUARDIAN

I undertake to notify the school in writing if any significant information changes, particularly my child's home address. I certify that the information I give above is true.

Signed -----Parent/Guardian Date-----

Please **print** parent/guardian's full name: Mrs/Ms/Mr -----

For School use only:		
Place offered	Yes/No	Date-----
Place accepted	Yes/No	Date-----
Waiting list	Yes/No	Date-----