



Application for Admission to Nursery

You should complete and return your application form to All Saints C.E Academy, Denstone

Required Start Date:

CHILD'S DETAILS

Child's Legal Surname: Date of Birth:

Child's Legal First Name: Male: Female:

Full Postal Address:
(including postcode)

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

If yes, please provide the names of related applications:

Please tick each box as appropriate

Is this child in the care of a local authority?

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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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 ALL SAINTS C.E. ACADEMY DENSTONE.

Name of Sibling
Name of Sibling

Date of Birth
Date of birth

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 All Saints C.E. Academy, Denstone.

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 590418

Please email your application to office@allsaints-denstone.staffs.sch.uk or post to All Saints C.E. Academy, Oak Road, Denstone. ST14 5HT