

This document is available in large print on request.



Request for a Place in a Nursery Class

When completed this form should be sent to the school you wish your child to attend.

Please enter the name of the school you would like your child to attend.

Child's First Name	Surname	Date of Birth			Male/ Female
		Day	Month	Year	

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
<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 whether you would prefer a morning (am) place or an afternoon (pm) place am pm

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 has a policy of providing part-time (morning or afternoon) places in Community and Controlled Primary Schools. You may not apply for a place to more than one school. 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 Access Service – 0121-569 8217.