

**(Name you would like your child to be called in school)**

You are invited to complete this application if you are interested in a nursery place at this school for your child. This includes parents who already have an older child in the school. You must not assume that a place has been reserved for your child because you have completed this form. **PLEASE COMPLETE IN BLOCK LETTERS USING BLACK INK. Please note you will be required to provide proof of your address to the school, this could be either (i) two utility bills or (ii) registration for council tax and one utility bill, in all cases showing your name and address and proof of your child's date of birth (either birth certificate or passport).**

Application for Admission to:

**Queenswell Nursery**

Child's Surname

First Name(s)

Child's Address

Date of Birth

20

Post Code

Sex

Male

Female

Are there any younger children in the family?

Yes

No

If YES Please give dates of births

Date of Birth

20

Date of Birth

20

Date of Birth

20

Name(s) of parent(s) or adult(s) with parental responsibility as defined in the Children Act 1989\*

Relationship to Child	Initials	Title and Surname	Address (if different to above)	Home Tel. No.	Work/mobile No.

Does your child have medical, social or educational needs which this school is particularly able to meet? If your child is to be considered exceptionally, you must provide a written statement from a doctor, social worker or other appropriate professional. There must be a very specific connection between your child's need and this particular school.

Please indicate by ticking in this box if you are applying under this criterion (1) and that you have supplied written statement(s) as described above for consideration.

Does your child attend a nursery or playgroup at present?

Yes

No

Name of School

Does your child have brothers/sisters attending Queenswell Infants or our linked Junior school:

Yes

No

If YES Please give details

Name

Date of Birth

Name

Date of Birth

**(please continue over page)****From:** the Head Teacher of **Queenswell Nursery****To:** the parent(s)/carer(s) of

I have received your Application Form for a place at the nursery and have noted it. The fact that a child's name has been taken does not mean that a place will necessarily be available. This will depend on the number of applications, and if the school is oversubscribed places will be offered in accordance with the admission criteria set out in the summary of our admissions policy attached. **Please keep this slip as a record of your application.**

**Date****Signed****(Head Teacher)**

**Additional Information:**

If you wish, give any other reasons for wanting your child to attend this school **and if you would prefer AM or PM?**

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**Signature of parent(s) or adult(s) with parental responsibility\***

**Date**

\*Further information about the definition of adults with parental responsibility may be obtained from the school

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**FOR SCHOOL USE**

Confirm address overleaf is correct

Yes  No

(i.e. that requested proof has been seen)

If parents are unable to provide proof of address, please let the Admissions Section know when returning the computer download.

Note to schools: Parents who have not registered with a school but apply directly to the LEA will be expected to provide proof of address to the LEA.

Birth Certificate seen

Yes  No

Date:

Initials:

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**Exceptional Circumstances (criterion 1)**

Statement provided by

Please return the paperwork to the Admissions Section when returning the computer download.