

Application for Admission to Nursery in September 2019

Your completed form should be returned to the School Office, St Saviour's C of E Academy, Congleton Road, Talke, Stoke-on-Trent, ST7 1LW by **4 March 2019 at the latest**

CHILD'S DETAILS

Child's Legal Surname: Date of Birth:

Child's Legal First Name: Male: Female:

Full Postal Address:
(including postcode)

NB: it is your responsibility to advise the School immediately if these details change.

Present School:

Is your child one of multiple birth (i.e. a twin or triplet)? Yes No

If yes, please provide the names of related applications:

Is this child in the care of a local authority?

Please tick each box as appropriate

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? **Yes** **No**

Does this child have an Education, Health and Care Plan? **Yes** **No**

DETAILS OF PERSON COMPLETING THIS FORM

Name:

Daytime Telephone Number (s):

Relationship to Child (s):

If you are caring for someone else's child for more than 28 days and are not an immediate relative you may be private fostering and it is a legal requirement that you contact **0800 1313 126**

DETAILS OF OLDER BROTHER OR SISTER ATTENDING ST SAVIOUR'S C OF E ACADEMY

(Please note that for most schools the older brother or sister **must** still be in attendance at the school in September 2019, and permanently living at the same address)

Name of Sibling
School attending

Date of Birth
Current Year Group

REASONS FOR PREFERENCE

It is important that you read and understand the admissions criteria for each of your preferred school/s. Please remember to attach any additional evidence to support your application if it is relevant and requested in the admissions criteria.

If there are any personal circumstances relating to your preference that you are not happy to disclose on this form, please tick the box and we will arrange to contact you.

DECLARATION AND SIGNATURE OF APPLICANT

The information provided on this application form will be used to ensure that the Academy's records are correct. It may also be shared with other agencies and service providers to ensure that your child receives an appropriate service. The full Data Protection statement can be found at www.stsaviours.academy/our-academy/data-protection

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 of a school place for my child. I also give my consent for the Academy to contact relevant agencies in order to validate this application.

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; completed any supplementary forms necessary.

Signed:

Date:

HELPLINE: If you require any assistance please telephone 01782 433300 or email: office@stsaviours.academy