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|  | **DCAF-0 2021****School Nursery Application Form** | Devon County Council Logo |

**IMPORTANT:** This form is only to be used by parents and carers when applying for a place in the nursery class, governor run preschool or Foundation Stage Unit in a community or voluntary controlled school.

[Applications for a school place](http://www.devon.gov.uk/admissionsonline) should be made between 1 November and 15 January of the academic year before your child starts school.

# Section A – Details about the child

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| --- | --- |
| Forename(s): |  |
| Surname/Family Name: |  |
| Home Address with postcode: The address must be where the child is normally resident. If you expect to move from this address before admission, you must let us know as this may affect your application. The school will confirm with you whether a change of address is accepted and whether evidence is required. |   |
|  New address if moving, with postcode: |  |
| Moving date:  |  |
| Date of birth: |  |
| Gender: |  |
| Is this child in the Care of a Local Authority or was this child in the Care of a Local Authority before immediately being adopted or made the subject of a Child Arrangements Order (CAO) or a Special Guardianship Order (SGO)?  |  |
| If yes, which Local Authority? Please tell us the name and contact details of the supporting social worker or agency. Please attach relevant documents/orders to this application.  |  |
| Does the child have an Education, Health and Care Plan (EHCP), is undergoing a statutory assessment or have a disability? |  |
| If yes, please give details: |  |
| Is this child a multiple birth child – a twin or a triplet etc? Please complete a separate form for each child. |  |

# Section B – Details about you

|  |  |
| --- | --- |
| Forename(s): |  |
| Surname/Family Name: |  |
| Home address and postcode (if different from your child’s): |  |
| Daytime telephone number: |  |
| Email address: |  |
| What is your relationship to this child? |  |
| Do you have parental responsibility for this child? |  |
| Is this child subject to a private fostering arrangement?  |  |
| Is there a court order in place that might affect this application?  |  |
| If you have answered YES to the previous 2 questions, please give details:  |  |

# Section C

|  |  |
| --- | --- |
| When would you like your child to start?You may be able to start immediately if you have moved into the area or if you have just become eligible for 2-year-old funding. | [ ]  Autumn Term (September)[ ]  Spring Term (January)[ ]  Summer Term (April) |
| Are you selecting this school because you believe the child lives in the catchment area?  |   |
| Do you believe there is an Exceptional Need for this child to attend this school and ONLY this school? The Need could be of the child, a parent or both. You must complete this section providing supporting evidence. It is expected that a parent would only seek priority on Exceptional Need grounds to one school as that is the ONLY school, they believe can meet the Exceptional Need.  |  |
| Are you selecting this school because this is the child of a member of staff working there? You must provide details of the member of staff.  |  |
| Do you believe this child is eligible for sibling priority for this school?  If so, please tell us their brother/ sisters name and date of birth:   |  |
| Is the child eligible for Early Years Pupil Premium funding?  |  |

State the times when you wish to attend. This will not impact on whether a place is available. Please choose from the following sessions 9:00 – 12:00 or 12:00 or 9:00-15:00 on the required days and enter them in the box below.

|  |  |  |
| --- | --- | --- |
|  | 9:00-12:00-Morning Session | 9:00-15:00-ALL DAY |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

|  |  |
| --- | --- |
| Do you want to split your entitlement between two different providers? |  |
| Does the child already attend a childcare provider? If yes, which provider/s and will the child continue to attend that provision if offered a place? |  |

# Section D

# Declaration and Signature

• I understand I must inform the school if this child’s circumstances change before admission.

• I understand that it is my responsibility to provide supporting evidence if the child has an Exceptional Need. Documentary evidence may be required if the child is adopted, has a CAO or a SGO or an ECHP. If the child is undergoing an assessment for an EHCP or if the child has a disability evidence will be required.

• I have read or, had the opportunity to read, the schools nursery admissions policy <http://www.ladysmithfederation.net/web/nursery>

• I understand that I can contact the school to resolve any queries throughout the application process.

**I confirm that the details provided are accurate:**

The following documents and information are attached: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

|  |  |
| --- | --- |
| Applicants signature: |  |
| Date: |  |

Please return the completed form to the school where you would like a place for your child. You should not pass this form to Devon County Council or a pre-school, playgroup, day nursery that are not run by a school nor to a funded childminder.

# Privacy and Data Protection

Your personal data is being used by the named schools for the purposes of an application for admission to school. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed at *http://www.ladysmithfederation.net/web/policies/218959*. Please confirm that you give your consent to the School using your personal data as outlined in our privacy notice, by signing below.

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact Dave Broad Head of School at *infant.admin@ladysmithfederation.net* . If you wish to exercise any of your rights under the General Data Protection Regulation, please contact the schools Data Protection Officer Amber Badley at DPO@firebirdltd.co.uk