



# All Saints' CE (VC) Primary School

## Application for Admission to Nursery

Caring and Achieving

Before completing this form, you should read the nursery admission arrangements provided on our website at <http://www.allsaints-trysull.staffs.sch.uk/> You should complete and return your application to the school.

### CHILD'S DETAILS

Child's Legal Surname\*:  Date of Birth:

Child's Legal First Name\*:  Male:  Female:

\*As indicated on the child's birth certificate

Full Postal Address:   
(including postcode)

**NB: It is your responsibility to advise us immediately if these details change.**

Is your child a twin or 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 an Education, Health and Care Plan? (EHCP)

<input type="checkbox"/>	<input type="checkbox"/>
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### ELDER BROTHER OR SISTER DETAILS (where applicable)

Name of elder  Date of birth   
Brother or sister

It is important that you read and understand the admissions criteria for each of your preferred schools. 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 in this form, please tick this box and we will arrange to contact you.

### DETAILS OF PERSON COMPLETING THIS FORM

Surname:  Please indicate title Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address:

Signature:  Date: