



WEST ALVINGTON NURSERY APPLICATION FORM 3/4 YEAR

OLD

CHILD'S PERSONAL DETAILS

Surname	
Forename(s)	
Date of Birth	
Gender	Male / Female

CONTACT DETAILS

Title	Mr / Mrs / Miss / Ms / Other
Forename	
Surname	
Relationship to child	
Do you have parental responsibility?	Yes / No
Address	
Postcode	
Are you registered for Council Tax at this address? Yes / No	
Telephone numbers	
Home	
Mobile	
Email	

ADDITIONAL INFORMATION

Is there a sibling on roll in this nursery or at this academy?	Yes / No <i>Name of sibling(s):</i>
Is there an exceptional social or medical need for a place at this nursery?	Yes / No

If yes, give details below. It is YOUR responsibility to provide evidence from a relevant professional in support of this):

Does your child have an Education, Health and Care Plan?	Yes / No
Is your child in Local Authority care or adopted after being in care or became subject to an adoption, residence, or special guardianship order?	Yes / No <i>If yes, please give contact details for the Local Authority:</i>
Is there a court order in relation to this child?	Yes / No
Is anyone who has parental responsibility for your child a UK Service Personnel?	Yes / No
Is your child attending any playgroup or pre-school?	Yes / No <i>My child attends:</i>

SESSION PREFERENCES

Please tick session preferences *Depending on availability		
	Morning Session 9am-12pm 3 hours	Afternoon Session 12.00am-3pm 3 hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I am applying for.....hours as part of my free 15 / 30* hour entitlement. Further details will be required once a place has been offered and accepted. * please delete as appropriate

I would like to apply for additional hours and agree to pay the charges for these currently £4.75 per hour.

YOUR DECLARATION AND SIGNATURE

1. I understand that I am required to evidence proof of birthdate and evidence of address.
2. Application and attendance at the nursery does not guarantee a place in the reception class. An application must be made separately
3. I confirm that the details I have provided are accurate.
4. I agree to tell the academy if there are any changes to the details that I have provided in this form.
5. I understand that if there are no places available for my child his/her name will be entered onto a waiting list.
6. I will return this form to West Alvington C of E Academy, West Alvington, Kingsbridge, TQ7 3PP.
westalvington@lapsw.org

By signing below I confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I agree to the provider claiming free entitlement funding as agreed on behalf of my child. I also agree that the information provided can be shared with the local authority and Department for Education. I understand that if I have given false information on this form I may be asked to reimburse the provider.

Parent/Carer/Guardian with legal responsibility	
If entitled to 2 year funding please complete the following and provide a copy of the letter:	Unique Reference number
If entitled to Tax-Free Childcare please complete the following:	Unique Reference number
Signed	
Print name	
Date	

I, being a parent/guardian/person with parental responsibility for the child named understand that the school collects and uses certain types of personal information about pupils. The school is required by law to comply with statutory obligations related to education and associated functions and may be shared with other agencies for the prevention and detection of fraud and the protection of children. Personal information is dealt with properly and securely and in line with the General Data Protection Regulation (GDPR) and other related legislation. For further information, please see the Fair Processing Notice (Privacy Notice) which can be found on our website.