



Application for Admission to The Reginald Mitchell School Nursery Setting

Before completing this form, you should read the Nursery Admission Arrangements provided on our website at www.reginaldmitchell.staffs.sch.uk Please complete and email your application form: for the attention of Mrs Smith to: office@reginaldmitchell.staffs.sch.uk

If your child will be 3 by 31st August 2018 please apply for a place by:

Friday 25th May 2018 for a September Nursery place 2018

If your child will be 3 by 31st Dec 2018 please apply for a place by:

Friday 26th October 2018- to apply for a January Nursery place 2019

If your child will be 3 by 31st March 2019 please apply for a place by:

Friday 15th Feb 2019 to start after Easter 2019 to apply for an April Nursery place 2019

If your child will be 3 by 31st Aug 2019 please apply for a place by:

Friday 24th May 2019 to apply for a September Nursery place 2019

NURSERY INTAKE YOU ARE APPLYING FOR (please select as appropriate)

January Intake

April Intake

September Intake

15 hours provision required

Up to 30 hours provision required

2. 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 us immediately if these details change.

3. NURSERY PLACE YOU ARE APPLYING FOR AS IN ACCORDANCE WITH THE ADMISSION CRITERIA (Please select as applicable):

a) The term after my child becomes 3 years of age

Yes

or

b) I am deferring the Nursery application to a later Intake date

Yes

4. FURTHER INFORMATION ABOUT YOUR CHILD

Is your child a twin of triplet, etc. (one of a multiple birth)?

Yes No

If yes, please provide the names of related applications:

Is this child in the care of a local authority? (Please select each box as appropriate)

Yes No

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

Yes No

If 'Yes' to either of the above, please provide Social Worker and Local Authority contact

details in the box below:

Does this child have an Education, Health and Care Plan (EHCP)

Yes No

ELDER BROTHER OR SISTER DETAILS (where applicable)

Name of elder brother or sister

Date of Birth

5. DETAILS OF PERSON COMPLETING THIS FORM

Surname:

Please indicate title Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address:

6. ADDITIONAL NOTES TO SUPPORT YOUR APPLICATION

If applicable, please attach any additional information to support your application if it is relevant to the admissions criteria.

Print Name.....Signature.....Date.....