



## Application for Admission to Seabridge Primary Nursery

Before completing this form, you should read the Nursery Admission Arrangements provided on our website at [www.seabridgeprimary.org.uk](http://www.seabridgeprimary.org.uk) Please complete and email your application form to **office@seabridge.set.org**

**1. NURSERY INTAKE-** children can start our Nursery as soon as they turn three years old (depending on availability/space). Please insert the date below you wish your child to start at Seabridge Primary Nursery.

### 2. CHILD'S DETAILS

Child's Legal Surname:	<input type="text"/>	Date of Birth:	<input type="text"/>
Child's Legal First Name:	<input type="text"/>	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Full Postal Address: (including postcode)	<input type="text"/>		

**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 <input type="checkbox"/>
b) I have enclosed a copy of my child's birth Certificate	Yes <input type="checkbox"/>

### 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

**NAME OF ELDER BROTHER OR SISTER IF CURRENTLY AT SEABRIDGE PRIMARY**

Name of elder brother or sister  Date of Birth

**5. DETAILS OF PERSON COMPLETING THIS FORM**

Surname:	<input type="text"/>	Please indicate title Mr / Mrs / Miss / Ms
First Name:	<input type="text"/>	
Relationship to Child:	<input type="text"/>	
Contact Number:	<input type="text"/>	
Email Address:	<input type="text"/>	

**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.....