Application for Admission to Seabridge Primary Nursery Setting

Before completing this form, you should read the Nursery Admission Arrangements provided on our website at www.seabridgeprimary.org.uk Please complete and email your application form: for the attention of Mrs Purcell (Admissions Officer) to: **office@seabridgeprimary.org.uk**

- **Spring Term – January Intake: Applications open – please apply now**
- **Summer Term – April Intake: Applications open – please apply now**
- **Autumn Term – September Intake: Applications open – please apply now**

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

January Intake ☐   **April Intake** ☐   **September Intake** ☐

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 ☐

b) I have enclosed a copy of my child's birth Certificate   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 ☐

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: _____   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…………..