



ADMISSION TO SEATON ACADEMY- NURSERY PLACE

Date you wish your child to start (after their 3rd birthday): _____

Or if accessing 15 or 30 hours funding indicate which intake you are applying for:

(please circle): September January April

Personal information – child’s details

Child’s first name _____

Child’s surname _____

Date of birth _____ Gender _____

Home Address _____

_____ Postcode _____

Current Nursery _____

Parent/Carer details

Name of Parent/Carer _____ Relationship to child _____

Contact telephone number _____ Mobile _____

Who does your child live with _____

Does your child have a Statement of Special Educational Needs Yes/No

Is your child currently undergoing a statutory assessment of Special Educational Needs? Yes/No

Is your child in the care of the Local Authority? Yes/No If yes which authority _____

Will your child have a brother or sister attending the academy in September? Yes/No

If yes brother/sisters name _____ their date of birth _____

Telephone: 01900 66982
www.seatonacademy.co.uk
Head: Mr R Barton



Parental declaration

I can confirm that I have parental responsibility for this child and the information given is correct. I understand that if I have given false information any offer may be withdrawn. I also agree to whatever checks may be carried out to verify accuracy.

Full name of parent/carer (please print) _____

Signed _____ Date _____

Emergency contact details

1. Name _____ Relationship _____

Address _____

Telephone numbers _____

2. Name _____ Relationship _____

Address _____

Telephone numbers _____

3. Name _____ Relationship _____

Address _____

Telephone numbers _____



Medical Information

Doctors name, address and telephone number _____

Does your child have problems with any of the following (if yes please give details:

Hearing Yes/No _____

Sight Yes/No _____

Speech Yes/No _____

Asthma Yes/No _____

Allergies Yes/No _____

Any other Yes/No _____

General Information

Home Language _____

Religion _____

Ethnicity _____

Travel Arrangements

Walk _____ Car _____ Bus _____ Cycle _____

Taxi _____

Home Address Verified: _____

Date of Birth Certificate Seen: _____