



Application for Admission to Bursley Academy Nursery

CHILD'S DETAIL

Child's Legal Surname: Date of Birth:

Child's Legal First Name: Male: Female:

Full Postal Address:

Post Code:

Tick as appropriate

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Is this child in the care of the local authority?

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?)

Does this child have a statutory statement of educational need or Education, Health and Care Plan?

Name of current Nursery setting (if applicable):

Name of sibling currently attending Bursley Academy:

DETAILS OF THE PERSON COMPLETING THIS FORM

Surname: Title:

First Name:

Relationship to Child:

Contact Number:

Email Address:

DECLARATION AND SIGNATURE OF APPLICANT

I certify that the information I have provided is true to the best of my knowledge, and understand that any false or deliberately misleading information provided on this form will lead to the withdrawal of an offer of a place. I will inform the academy of any changes to my contact information.

Signature: Date:

Please note

- Before returning this form please ensure that you have consulted with any other persons who have parental responsibility for this child.
- This form will only be accepted upon sight of your child's original birth certificate.
- If your child is offered a place this **does not guarantee** later admission to Bursley Academy Reception.

Office Use Only

Date added to waiting list _____ Signature _____