

Application for Admission to Nursery Aged Settings September 2018

You should complete and return your application form to Chadsmead Primary Academy, Friday Acre, Lichfield, Staffordshire, WS13 7HJ by **25 May 2018 at the latest**.

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 the School Admissions and Transport Service immediately if these details change.

Present School:

Is your child a twin of triplet, etc (one of multiple birth)? Yes No

If yes, please provide the names of related applications:

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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?) **If 'Yes' to either of the above, please provide Social Worker and Local Authority contact details in the box below:**

<input type="checkbox"/>	<input type="checkbox"/>
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From a returning Service/Crown Servant family?

<input type="checkbox"/>	<input type="checkbox"/>
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Does this child have a statutory statement of educational need or Education, Health and Care Plan?

<input type="checkbox"/>	<input type="checkbox"/>
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DETAILS OF PERSON COMPLETING THIS FORM

Surname: Please indicate title Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address:

If you are caring for someone else's child for more than 28 days and are not an immediate relative, you may be privately fostering and it is a legal requirement that you contact the local authority on 0800 1313126. Further information is available at www.staffordshire.gov.uk.

DETAILS OF OLDER BROTHER OR SISTER ATTENDING ANY OF YOUR PREFERRED SCHOOLS

(Please note that for most schools the older brother or sister **must** still be in attendance at the school in September 2018, and permanently living at the same address)

Name of Sibling	
School attending	

Date of Birth	
Current Year Group	

REASONS FOR PREFERENCE

It is important that you read and understand the admissions criteria for each of your preferred school/s. Please remember to attach any additional evidence to support your application if it is relevant and requested in the admissions criteria.

If there are any personal circumstances relating to your preference that you are not happy to disclose on this form, please tick the box and we will arrange to contact you.

The information provided on this application form will be used to ensure that the council's records are correct. It may also be shared with other agencies and service providers to ensure that your child receives an appropriate service. The full Data Protection statement can be found at www.staffordshire.gov.uk.

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 and/or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a school place for my child. I also give my consent for the School Admissions and Transport Service to contact relevant agencies in order to validate this application.

Before returning this form please sign to agree that you have:

- consulted with any other persons who have parental responsibility for this child.
- read all of the information contained within the "Information for Parents" booklet available from our website or on request very carefully;
- read the relevant booklet for each Local Authority within which each school you have listed is situated;
- provided any supportive evidence required to assess your application; completed any supplementary forms necessary.

Signature:

Date: