

Application for Nursery Admission to Betley CE Primary School

Before completing this form, you should read the Nursery admission arrangements provided on our website at www.betley.staffs.sch.uk . You should complete and return your application form to office@betley.staffs.sch.uk

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"/>		
	<input type="text"/>		
	<input type="text"/>		

NB: it is your responsibility to advise us immediately if these details change.

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

If yes, please provide the names of related applications:

	Please tick each box as appropriate	<table><tr><th>Yes</th><th>No</th></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Is this child in the care of a 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 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:		<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>					

Does this child have an Education, Health and Care Plan (EHCP)	<table><tr><th>Yes</th><th>No</th></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				

ELDER BROTHER OR SISTER DETAILS (where applicable)

Name of elder brother or sister	<input type="text"/>	Date of Birth	<input type="text"/>
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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. ☐

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"/>	

Please contact the school office with any queries on 01270 820286