



High Bickington C of E School

TEAM Multi Academy Trust Nursery Application Form



IMPORTANT: This form is only to be used by parents and carers when applying for a place in the **nursery class** of a TEAM Multi Academy Trust school.

Applications for a **school** place should be made through this website <https://www.devon.gov.uk/admissionsonline/> between 15 November and 15 January of the academic year before your child starts school.

If you are also applying to attend a private, voluntary or independent provision (preschool, day nursery, childminder or nursery in a different category of school) you will need to fill in separate application forms which you can get from those providers.

This form should be read in conjunction with the school's Nursery Admissions Policy. The form is only available on the school website. If a hard copy is required, please contact the school office.

Section A – Details about the child

Forename(s):	
Surname/Family Name:	
Home Address with postcode: Where the child is normally resident. If you expect to move from this address before admission, you must let us know as this may affect your application. The school will confirm with you whether a change of address is accepted and whether evidence is required.	
New address if moving, with postcode:	
Moving date:	
Date of birth: You will be asked to provide evidence of the child's date of birth.	
Gender:	

Is this child in the Care of a Local Authority or was this child in the Care of a Local Authority before immediately being adopted or made the subject of a Child Arrangements Order (CAO) or a Special Guardianship Order (SGO)?	
If yes, which Local Authority? Please tell us the name and contact details of the supporting social worker or agency. Please attach relevant documents/orders to this application.	
Does the child have an Education, Health and Care Plan (EHCP), is undergoing a statutory assessment, receive Disability Living Allowance or have a disability?	
If yes, please give details:	
Is this child a multiple birth child – a twin or a triplet etc? Please complete a separate form for each child.	

Section B – Details about you

Forename(s):	
Surname/Family Name:	
Home address and postcode (if different from your child's):	
Daytime telephone number:	
Email address:	
What is your relationship to this child?	
Do you have parental responsibility for this child?	
Is this child subject to a private fostering arrangement?	
Is there a court order in place that might affect this application?	
If you have answered YES to the previous 2 questions, please give details:	

Section C

<p>When would you like your child to start?</p> <p>You may be able to start immediately if you have moved into the area or if you have just become eligible for two-year-old funding.</p>	<p><input type="checkbox"/> Autumn Term (September)</p> <p><input type="checkbox"/> Spring Term (January)</p> <p><input type="checkbox"/> Summer Term (April)</p> <p><input type="checkbox"/> Immediately</p>
<p>Are you selecting this school because you believe the child lives in the catchment area?</p>	
<p>Do you believe there is an Exceptional Need for this child to attend this school and ONLY this school? The Need could be of the child, a parent or both. You must complete this section providing supporting evidence. It is expected that a parent would only seek priority on Exceptional Need grounds to one school nursery as that is the ONLY school, they believe can meet the Exceptional Need.</p>	
<p>Are you selecting this school because this is the child of a member of staff working there? You must provide details of the member of staff.</p>	
<p>Do you believe this child is eligible for sibling priority for this school?</p> <p>If so, please tell us their brother/ sisters name and date of birth:</p>	
<p>Check your eligibility for Two-Year-Old Funding and Free School Meals on the Citizens Portal</p>	
<p>Is the child eligible for Two-Year-Old Funding?</p>	
<p>Is the child eligible for a Free School Meal?</p>	
<p>Is the child eligible for Early Years Pupil Premium funding?</p>	

Do you want to split your funding entitlement between two different providers?	
Does the child already attend a childcare provider?	
If yes, which provider/s and will the child continue to attend that/those provisions if offered a place?	

State the times when you wish to attend. This will not impact on whether a place is available. Please choose from the following sessions 8.45am – 12 noon or 8.45am – 1.15pm or 8.45am – 3.30pm and enter them in the box.

Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Section D

Declaration and Signature

- I understand I must inform the school if this child's circumstances change before admission.
- I understand that it is my responsibility to provide supporting evidence if the child has an Exceptional Need. Documentary evidence will be required if the child is adopted, has a CAO or a SGO or an EHCP. If the child is undergoing an assessment for an EHCP or if the child has a disability, evidence will be required.
- I understand that I must provide evidence of the child's date of birth.
- I have read or, had the opportunity to read, the school's nursery admissions policy.
- I understand that I can contact the school to resolve any queries throughout the application process.

I confirm that the details provided are accurate:

The following documents and information are attached:

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Applicant's signature:	
Date:	

Please return the completed form to the school where you would like a place for your child. You should **not** pass this form to Devon County Council or a pre-school, playgroup, day nursery that are not run by a school nor to a funded childminder.

Privacy and Data Protection

Your personal data is being used by the named school for the purposes of an application for admission to the nursery. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed via the Trust website <https://www.teamacademytrust.com> . Please confirm that you give your consent to the Trust using your personal data as outlined in our privacy notice, by signing below.

Applicant's signature:	
Date:	

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact our Trust Data Protection Office (DPO), Briony Parsons via email: bparsons@team-mat.org.uk If you wish to exercise any of your rights under the General Data Protection Regulation, please contact the Trust DPO.