

## **Application for Admission to Birches First School Nursery**

Before completing this form, you should read the nursery admission arrangements provided on our website at <u>www.birches.staffs.sch.uk</u>. You should complete and return your application form to the school by **25/03/22** 

## CHILD'S DETAILS

Child's Legal Surname:			Date of Birth:			
Child's Legal First Nam	e:		Male:	Female:		
Full Postal Address: (including postcode)	B: it is your responsibility to a	advise us in	nmediately if these	details change.		
Is your child a twin of triplet, etc (one of multiple birth)? Yes No						
If yes, please provide th	ne names of related applic	ations:				
Please tick each box as appropriate Yes No 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 belo	)W:					
Does this child have an Education, Health and Care Plan (EHCP)						
ELDER BROTHER OR	SISTER DETAILS (wher	e applicat	ole)			
Name of elder brother or sister			Date of Birth			
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 circ the box and we will arrange t	umstances relating to your prefeto contact you.	erence that y	ou are not happy to	disclose on this forn	n, please	tick
DETAILS OF PERSON	COMPLETING THIS FO	RM				
Surname:		Please indica	ate title Mr / Mrs / M	iss / Ms		
First Name:						
Relationship to Child:						

Contact Number: