



Application for Admission to Birches First School Nursery

Before completing this form, you should read the nursery admission arrangements provided on our website at www.birches.staffs.sch.uk. You should complete and return your application form to the school by **22/03/24**

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 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:

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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Does this child have an Education, Health and Care Plan (EHCP)

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ELDER BROTHER OR SISTER DETAILS (where applicable)

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 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: Please indicate title Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address: