



Scotch Orchard Primary School

Application for Admission to Nursery

Before completing this form, you should read all of the information contained within Scotch Orchard School Admissions Policy. The policy is available online at www.scotchorchardprimaryschool. You should complete and return your application form in accordance with the following dates:-

Admission Date	Application to be returned by:
January (Spring Term)	30 th November
April (Summer Term)	31 st January
September (Autumn Term)	31 st March

Completed application forms should be returned to the School Office, Scotch Orchard Primary School, Scotch Orchard, Lichfield, WS13 6DE **On line applications are also accepted, please email your application to office@scotchorchard.staffs.sch.uk**. Please only complete one application form per child.

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 immediately if these details change.

Present Nursery

School (if applicable)

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

If yes, please provide the names of related applications:

each box as appropriate

Please tick

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

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

From a returning Service/Crown Servant family?

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Does this child have a statutory statement of educational need or Education, Health and

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Care Plan?

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 ALREADY ATTENDING SCOTCH ORCHARD PRIMARY SCHOOL

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

Name of Sibling	<input type="text"/>	Date of Birth	<input type="text"/>
		Current Year Group	<input type="text"/>

REASONS FOR PREFERENCE

It is important that you read and understand the admissions criteria for Scotch Orchard Primary School. 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.

DECLARATION AND SIGNATURE OF APPLICANT

The information provided on this application form will be used to ensure that the school'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 Scotch Orchard Primary School 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 Scotch Orchard Primary School Admissions Policy (available on the school website);
- provided any supportive evidence required to assess your application; completed any supplementary forms necessary.
- Completed the parental declaration for Early Education Funding

Signature:	<input type="text"/>	Date	<input type="text"/>
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: If you require any assistance please telephone 01543 227400 or email office@scotchorchard.staffs.sch.uk