

# Application for admission to a Surrey community or voluntary controlled nursery in September 2020



**Leatherhead Trinity School  
Woodvill Road, Leatherhead, Surrey, KT22 7BP  
Tel No. 01372 813615**

**In order to be considered in the initial allocation of nursery places this form should be returned to the above address by .....**

- Please note that completing this form does not guarantee a place.
- Governors will consider applications received by the deadline date in accordance with the nursery admissions policy.
- Please read the nursery admissions policy before completing this form.
- Please fill in the form in block capitals and sign it.
- Please return to the school by the closing date.
- You will be notified by the school if your child has been allocated a place after the closing date.
- Please contact the school if you have any queries concerning the completion of this form.

## 1. Child's details

<b>Child's surname</b>	
<b>Child's first name</b>	
<b>Child's middle name(s)</b>	
<b>Child's date of birth</b>	...../...../.....
<b>Which term would you like your child to start nursery?</b>	Autumn / Spring / Summer term (please delete as appropriate)
<b>Gender</b>	Male / Female
<b>Child's home address</b> (this must be the child's normal place of residence and not a relative's or carer's address)	<b>Postcode:</b>

## 2. Children in public care

<b>Is the child in the care of a local authority?</b>	Yes / No
<b>If no, has the child previously been in care and did they leave care through adoption, a child arrangements order or a special guardianship order?</b>	Yes / No
<b>If you have answered yes to either of these questions, please state the name of the local authority and provide evidence with your form</b>	

### 3. Social or medical needs

Does the child have a social or medical need for a place at this nursery?	Yes / No
If yes please provide details	
Please continue on a separate sheet and provide independent evidence to support your case	

### 4. Siblings

Will the child have a sibling attending the nursery or the main school at the time of admission?	Yes / No
If yes please confirm the name and date of birth of the sibling(s)	

### 5. Parent/guardian/carer's details

Title		First name		Surname	
Address (if different from child's address)				Postcode:	
Telephone numbers:					
Day		Evening		Mobile	
Email address					
Do you have parental responsibility for this child?				Yes / No	
Relationship to child:					
<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Step parent	
<input type="checkbox"/> Carer		<input type="checkbox"/> Social worker		<input type="checkbox"/> *Other relative .....	
<input type="checkbox"/> *Other contact .....		<input type="checkbox"/> *Please add more details			
Additional contact					
Title		First name		Surname	
Relationship to child:					

### 6. Declaration of parent/guardian/carer

I wish to apply for a place at the nursery school named overleaf. I certify that I am the person with parental responsibility for the child named in Section 1 and that the information given is true to the best of my knowledge and belief. I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may lead to the withdrawal of an offer of a nursery place for my child. I understand that it is my responsibility to provide full information to the nursery and that I will notify them of any changes to the details on this form or accompanying evidence as soon as they occur, including any change of address.

**Signature of parent/guardian/carer**

**Date**