



**NURSERY APPLICATION - SEPTEMBER 2014**  
**CLOSING DATE 4<sup>th</sup> APRIL 2014**

**Please Note: When submitting your application we need to see your child's birth certificate and proof of address.**

Child's Surname	
Child's First Name	
Child's Date of Birth	
Boy / Girl	
Child's Address	
Post Code	
Telephone Number	
Parent/carer's name	
Mr/Mrs/Miss/Other	
Address if different from child's	

Is your child in public care, i.e. looked after by a Local Authority? **Yes / No**

If yes, which Local Authority looks after your child? \_\_\_\_\_

Please give the name of the social worker involved \_\_\_\_\_

Does your child have a statement of special educational needs? **Yes / No**

If your child suffers from a medical condition which you believe should be taken into account, please tick the box.

You must also attach a medical certificate. This will be referred to the health authority for consideration.

Please indicate your preference for a particular session by ticking the relevant box below.

**It is not always possible to accommodate your choice. PLEASE NOTE: (Children must attend the five sessions, ie Option 1 or Option 2)**

<b>Option 1</b> <input type="checkbox"/> <b>Monday:</b> 8.45am – 3.15pm <b>Tuesday:</b> 8.45am – 3.15pm <b>Wednesday:</b> 8.45am – 11.30am	<b>Option 2</b> <input type="checkbox"/> <b>Wednesday:</b> 12.30pm – 3.15pm <b>Thursday:</b> 8.45am – 3.15pm <b>Friday:</b> 8.45am – 3.15pm	<b>No preference</b> <input type="checkbox"/>
---	--	--

Will your child have a brother or sister attending Archibald or any other school in September 2014? **YES/NO**

If yes please give details below.

Name of Brother or Sister	Date of Birth	School attending
_____	_____	_____
_____	_____	_____

Have you submitted an application to any other Nurseries? **Yes / No**

If yes please give names and where the nursery stands in your order of preference

School Name	Preference Position
_____	_____
_____	_____

**It is important you read the Admissions Policy.**

### **Nursery Admissions Policy**

The admissions policy for Archibald First School is as follows:

- 1<sup>st</sup> Children in public care (looked-after children)
- 2<sup>nd</sup> The presence of a brother or sister in the school at the date of admission
- 3<sup>rd</sup> Recent history of attendance by a sibling at Archibald First School. **Please note that this does not automatically guarantee a place in our Reception Year**
- 4<sup>th</sup> Any special, social or medical reasons.
- 5<sup>th</sup> The address of the child in relation to the school. **(In the event of over subscription the address of a child will be used to make a final decision.)**

**It should be noted that an offer of a place may be withdrawn if information supplied by you on your application is intentionally misleading or fraudulent.**

**I have read the above and undertake to inform the school of any change of circumstances before the end of the Spring Term.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### Timetable of Process

- |                              |   |
|------------------------------|---|
| 7 <sup>th</sup> January 2014 | Applications available to parents.  |
| 4 <sup>th</sup> April 2014   | Deadline for Nursery Applications to School.  |
| 25 <sup>th</sup> April 2014  | Issuing of letters of offer of nursery places to be posted on Friday 25 <sup>th</sup> April 2014. |
| 9 <sup>th</sup> May 2014     | Deadline for parents to reply to offer letters.   |

#### **(FOR OFFICE USE ONLY)**

Birth Certificate Seen	Evidence of child's home address seen	INITIALS
------------------------	---------------------------------------	----------