



Nursery Admission Form

Please note: This is not an application for a primary school place. You will need to make a separate application for a place at New Scotland Hill Primary School to Bracknell Forest Local Authority (at the appropriate time).

Legal Surname:		Legal Forename:	
Middle Name(s):			Gender: Male/Female
Is this child Looked After (in the care of) the Local Authority: Yes / No		If yes, please state name of the Local Authority	
Date of Birth: <i>Please include birth certificate</i>	Date	Month	Year
Home Address: <i>Please include your council tax statement as proof of address</i>			
Post Code:			
Contact Telephone Number:			
Contact email Address:			

Session Preference <i>(please tick preferred sessions):</i>		
Day	9.00 am – 12.00 noon	12.00 noon - 3.00 pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Details of Early Years Setting attending (if applicable): (Name, address and telephone)			
Please give the names of older children, including step-brothers and sisters living in the same family unit, who will be attending New Scotland Hill School at the time of the applicant's admission.			
Name:		D.O.B	
Name:		D.O.B	
Name:		D.O.B	

Parents Details:

Mother		
Title	Forename	Surname
Address		Telephone Number Home Mobile
Email Address		
Work Details/Telephone No.		Parental Responsibility: Yes / No

Father		
Title	Forename	Surname
Address		Telephone Number Home Mobile
Email Address		
Work Details/Telephone No.		Parental Responsibility: Yes / No

Disability Discrimination Act

The school is required by law to take disability into account in relation to the nursery admission process and the arrangements it makes for disabled pupils and potential pupils. This is so as to avoid any child being discriminated against on the grounds of their disability in the allocation of nursery places or in the arrangements that are made within the nursery to provide for a child's disability.

If you think your child has a disability, please give full details of the disability and attach any supporting documentation to your application form. This can then be considered when places at the nursery are allocated and, if your child is admitted, in the arrangements made within the nursery to provide for your child's disability.

Details regarding your child that you think we should know

I understand that I should consider informing the school if my child becomes disabled in the future.

I understand that the School's ability to make provision for my child's disability will be reduced if I do not inform the school of the disability. The Authority reserves the right to verify the information given on this form. Any offer of a place will be on the basis that the information supplied is accurate and up to date.

I understand that I must make a separate application for a school place and that the offer of a place in this nursery does not give priority to an application that I may make for the school.

I certify that the information I have given on this form is correct to the best of my knowledge.

SIGNED: _____ **DATE:** _____

Personal information contained in this form is subject to the Data Protection Act 1998. Data may be exchanged with other Local Education Authorities where necessary as part of the admissions process.

Please ensure your child's original birth certificate and a council tax statement accompanies this application form. These will be returned to you.

FOR OFFICE USE:

Birth Certificate seen: Date: _____ Initial: _____
Council Tax Statement seen: Date: _____ Initial: _____
Date of Admission: Admission Number: