DARLINGHURST ACADEMY

Application Form for Nursery



Please complete this form in block capitals.

A copy of your child's birth certificate or passport must be provided as proof of date of birth.

CHILD'S DETAILS		
Surname		
Forename		
Date of birth Male/ Female	e (Please circle)	
Home address & Postcode		
ETHNIC / CULTURAL INFORMATION		
Child's Ethnicity	Child's first spoken language	
Country of Birth	Child's Nationality	
PARENTAL PERMISSION As part of your child's time with us, we may local walkabout visits without prior arrange Internet Permission (including our website publicise a particular permission) (used to publicise a particular permission) (within a 1 mile radius) Still Photographs (used internally) PARENT/CARER DETAILS 1st contact	ment. page, children will not be name	
Address (if different from child) Contact Number(s) & Type (e.g. work, home	e etc.)	
Comaci nombor(s) & Type (e.g. work, nome	, 010.,	
E-mail address		
Does this contact have parental responsibilities Are they to receive correspondence about What is their relationship to the child?		Yes No Yes No

2nd Contact		
Full Name (inc. title)		
Address (if different from child)		
Contact Number(s) & Type (e.g. work, home etc.)		
E-mail address		
Does this contact have parental responsibility for this child? Are they to receive correspondence about this child (i.e. pupil report)?	Yes Yes	No No
What is their relationship to the child?		
3 rd Contact (if applicable) Full Name (inc. title)		
Address (if different from child)		
Contact Number(s) & Type (e.g. work, home etc.)		
E-mail address		
Does this contact have parental responsibility for this child? Are they to receive correspondence about this child (i.e. pupil report)?	Yes Yes	No No
What is their relationship to the child?		
4th Contact (if applicable) Full Name (inc. title)		
Address (if different from child)		
Contact Number(s) & Type (e.g. work, home etc.)		
E-mail address		
Does this contact have parental responsibility for this child? Are they to receive correspondence about this child (i.e. pupil report)?	Yes Yes	No No
What is their relationship to the child?		

Legal Name Sibling 2 Legal Name WELFARE INFORMATION Is the child Looked After by a Local Authority? Yes/No If yes, which Local Authority? Is the child adopted or subject to a residency / guardianship order? Yes/No	It is important that you inform us of any existing court orders or legal obligation of. This is to enable us to follow the terms and conditions. Please write below necessary paperwork (if applicable)	
If Yes, please provide details of siblings below Sibling 1 Legal Name Sibling 2 Legal Name WELFARE INFORMATION Is the child Looked After by a Local Authority? Yes/No If yes, which Local Authority? Is the child adopted or subject to a residency / guardianship order? Yes/No If Yes, please attach the relevant documentation to this form Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	SIBLINGS	
Legal Name Sibling 2 Legal Name WELFARE INFORMATION Is the child Looked After by a Local Authority? Yes/No If yes, which Local Authority? Is the child adopted or subject to a residency / guardianship order? Yes/No If Yes, please attach the relevant documentation to this form Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	Does your child have any siblings currently attending this school? (Please of	circle) Yes/No
Legal Name Sibling 2 Legal Name WELFARE INFORMATION Is the child Looked After by a Local Authority? Yes/No If yes, which Local Authority? Is the child adopted or subject to a residency / guardianship order? Yes/No If Yes, please attach the relevant documentation to this form Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	If Yes, please provide details of siblings below	
Legal Name WELFARE INFORMATION Is the child Looked After by a Local Authority? Yes/No If yes, which Local Authority? Is the child adopted or subject to a residency / guardianship order? Yes/No If Yes, please attach the relevant documentation to this form Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	Sibling 1	
WELFARE INFORMATION Is the child Looked After by a Local Authority? Yes/No If yes, which Local Authority? Is the child adopted or subject to a residency / guardianship order? Yes/No If Yes, please attach the relevant documentation to this form Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	Legal Name	
WELFARE INFORMATION Is the child Looked After by a Local Authority? Yes/No If yes, which Local Authority? Is the child adopted or subject to a residency / guardianship order? Yes/No If Yes, please attach the relevant documentation to this form Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	Sibling 2	
Is the child Looked After by a Local Authority? Yes/No If yes, which Local Authority? Is the child adopted or subject to a residency / guardianship order? Yes/No If Yes, please attach the relevant documentation to this form Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	Legal Name	
If yes, which Local Authority? Is the child adopted or subject to a residency / guardianship order? Yes/No If Yes, please attach the relevant documentation to this form Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	WELFARE INFORMATION	
If Yes, please attach the relevant documentation to this form Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	, ,	
Does your child have an Educational, Health & Care Plan? Yes/No Does your child have an Individual Support Plan? (ISP) Yes/No If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	Is the child adopted or subject to a residency / guardianship order?	Yes/No
Does your child have an Individual Support Plan? (ISP) If you have answered YES to any of the questions above please give details below Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	If Yes, please attach the relevant documentation to this form	
Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	Does your child have an Educational, Health & Care Plan?	Yes/No
Has your child and/or your family been involved with either of the following services in the last 3 years? Social Services Yes/No Early Help Team Yes/No	Does your child have an Individual Support Plan? (ISP)	Yes/No
years? Social Services Yes/No Early Help Team Yes/No	If you have answered YES to any of the questions above please give deta	ails below
,	years? Social Services Yes/No Early Help Team Yes/No	
	, 11 mar 2 and 12 mar 2 and 12 mar 4 and 13	

s there any other information you wish this school to be aware of? Yes/No f you have answered YES to the above give details below
MEDICAL INFORMATION - Does your child have any medical needs (i.e allergies, existing medical condition)
FOOD ALLERGIES / CONCERNS – Does your child have any food allergies or unable to have food drink due to religious reasons
CHILD'S CURRENT EDUCATION (i.e. School, Nursery, Home Education) (if applicable) Name, address and contact number of care provider

DECLARATION

I confirm that:

- I have read the school admission criteria in the School Admissions booklet and am aware of the admission criteria for this school.
- I am aware that you may conduct further checks to verify residency data that I have provided.
- The information that I have provided on this form to the best of my knowledge is true and correct.
- I understand that if it is established that I have provided false or misleading information you may withdraw any place offered.
- Should the placement no longer be required, please contact Mrs Lowe-Admissions Officer

Signed Printed name Dated