



# NURSERY PRE-ADMISSIONS FORM

Please complete this application form and return to the school office.

For more information, please visit our website [www.lacehillacademy.co.uk](http://www.lacehillacademy.co.uk)

## 1. CHILD'S DETAILS

|               |               |               |         |
|---------------|---------------|---------------|---------|
| First Name(s) | Legal Surname |               |         |
| Date of Birth | __ / __ / __  | Male / Female | Nursery |

|   |  |
|---|--|
| Normal home address (The address & postcode at which the child normally lives) Please include address evidence                          |  |
| If moving home, please provide the new home address (This is the address at which the child WILL live) Please include address evidence. | Move date __ / __ / __   |
| Name & address of current (or most recent) nursery.   | If now left this nursery please give date of attendance __ / __ / __ |
| Telephone number of nursery   |  |

## 2. YOUR DETAILS

|   |  |
|---|--|
| Name(s) & address of parents/carers living at home address above (or with parental responsibility & living at an alternate address) |  |
| Relationship to child   |  |
| Email address   |  |
| Home/Daytime telephone numbers  |  |
| Does your child have any brothers or sisters attending Lace Hill Academy?   | If yes please give details of siblings name, date of birth |
| Date admission required   | Pupil needs to be 2 on admission                           |

### 3. Supplementary information to support the IN-YEAR application

|  |   |
|--|---|
| <p><b>Are you applying on behalf of a 'child in care' of a Local Authority?</b><br/> <b>Some children are cared for by a Local Authority, and a Social Worker will act as parent for the child. If your child is supported by a Social Worker please give us their name and contact details.</b></p> | <p><b>YES / NO</b> If 'Yes' please tell us which Local Authority supports the child and give a social worker contact name and telephone number.</p> <p>Social Worker contact name:<br/> Telephone number:<br/> Local Authority:</p> |
| <p><b>Are you or your partner a serving member of the Armed Forces or a Crown Servant?</b></p>   | <p><b>YES / NO</b></p> <p>If you are being posted to Buckinghamshire, please provide a quarters address if available and if this is not yet available the unit postal address ( including postcode) should be provided</p>          |
| <p><b>Does your child any additional development needs</b></p>   | <p><b>YES / NO</b></p> <p>If 'Yes' please attach details, you will need to include written support from an appropriate professional person.</p>   |

|  |  |
|--|--|
| <p><b>Does your child hold a statement of Special Educational Needs (SEN)?</b></p> | <p><b>YES / UNDERGOING ASSESSMENT / NO (delete as appropriate)</b></p> <p>If the answer above is 'Yes or 'undergoing assessment' please indicate here which local authority is involved.</p> |
|--|--|

**A Statement of SEN** is a document written by the local authority detailing the needs that a child has in learning at school, and the measures which the school will take to help them.

**Your child may not currently have a statement of Special Educational Needs but they may receive extra support in their current setting if applicable.** If so please indicate the type of support here:

|  |   |
|--|---|
| <p><b>Is your child currently supported by other agencies?</b><br/> For example, Social Services, Education Welfare Officers for attendance issues, Educational Psychology service, Child and Adult Mental Health Service, Ad-action, Youth Offending Team</p> | <p><b>YES / NO</b></p> <p>Supported by:</p> |
| <p><b>Please provide their contact details so we can ensure that your child can be supported through their change of schooling by appropriate professionals:</b></p>   |   |

**Ethnic Monitoring:** If your child is not currently in a Buckinghamshire school we will not currently hold this information and would be grateful if you could indicate your child's ethnic background. The information provided here is only used for monitoring purposes.

|         |                             | Tick here |                      |                             | Tick here |
|---------|-----------------------------|-----------|----------------------|-----------------------------|-----------|
| White   | British                     |           | Asian/Asian British  | Indian                      |           |
|         | Irish                       |           |                      | Pakistani                   |           |
|         | Traveller of Irish Heritage |           |                      | Bangladeshi                 |           |
|         | Gypsy/Roma                  |           |                      | Any other Asian Background  |           |
|         | Any other white background  |           |                      | Caribbean                   |           |
| Mixed   | White and Black Caribbean   |           | Black/ Black British | African                     |           |
|         | White and Black African     |           |                      | Any other Black Background  |           |
|         | White and Asian             |           |                      | Any other ethnic background |           |
|         | Any other mixed background  |           |                      |                             |           |
| Chinese | Chinese                     |           |                      |                             |           |

## Nursery Session Request Form

### Child details:

First name: ..... Last name: .....

Usually known as: ..... Date of Birth: .....

### Contact Details:

Name 1: ..... Name 2: .....

Relationship: ..... Relationship: .....

Home Address: ..... Home Address: .....

.....  
.....

Telephone no: ..... Telephone no: .....

Email: ..... Email: .....

### Sessions required

|  | Monday                   | Tuesday                  | Wednesday                | Thursday                 | Friday                   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning (8:45- 11:45)                  | <input type="checkbox"/> |
| Afternoon (11:45:14:45)                | <input type="checkbox"/> |
| Chargeable extended day (14:45- 15:15) | <input type="checkbox"/> |

Required start date: .....