TORFAEN EDUCATION SERVICE APPLICATION FOR NURSERY PLACEMENT 2018

TO: PARENTS/CARERS

ONLY COMPLETION OF THIS FORM WILL ENABLE YOUR CHILD TO BE CONSIDERED FOR A NURSERY PLACE

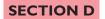
Children can be admitted to the Authority's nursery provision at the beginning of the term following a child's third birthday. Places are normally allocated on a part-time basis (morning or afternoon) for 5 days a week. In certain, limited circumstances, full-time placements can be offered to 4 year olds. Each nursery provision serves a specific catchment area. Parents/carers may apply to any of the Authority nursery provisions, however priority will first be given to those in-catchment at the time of admission.

Please note that a placement at the nursery unit does not guarantee a placement at the school for reception. A fresh application will need to be submitted.

In order for a child to be considered for a place in a Torfaen County Borough Nursery parents/carers must complete this form and return it to the nursery provision of their choice by the 6th October, 2017. Should parents wish to consider a private or voluntary sector setting for their child(ren) they need to complete form EYI and return it to the setting of their choice.

PLEASE NOTE: PARENTS/CARERS MUST ONLY SUBMIT ONE APPLICATION. DUPLICATE APPLICATIONS WILL NOT BE CONSIDERED.

NOT BE CONSIDE	RED.		
SECTION A	NURSERY PROVISION		
Enter Nursery of you	r choice		
SECTION B	PERSONAL DETAILS		
NAME OF CHILD			
Surname:	Forena	mes:	Male/Female
Date of Birth*:		*Birth Certificate r	nust be produced
	DRESS(ES) OF PARENT/CARER(S)* the child's permanent residence)		
*CONFIRMATION O	F CHILD'S HOME ADDRESS MUST BE PR	'	,
	ESS OF FAMILY DOCTOR		
	Post Code		
DOES THE CHILD	HAVE CONTROL OF:		
a) Bladder * IF "NO" DOES YOU IMMUNISATION	YES/NO b) Bowel JR CHILD HAVE A MEDICAL CONDITION	YES/NO (Please delete) N WHICH IS IMPACTING ON THEIR T	OILETING (PLEASE EVIDENCE)
Has your child been in	mmunised against the following:	(Please delete)	
	ria/Tetanus/Whooping Cough (Triple Injection) /Mumps/Rubella (Injection)	on)/ Polio (drops) YES/NO YES/NO	
NAME AND ADDR PARENT/CARER B	ESS AND TELEPHONE NUMBER TO E UNAVAILABLE	BE CONTACTED IN AN EMERGE	ENCY SHOULD
Name	Address	Relationship	Telephone No:
Name	Address	Relationship	Telephone No:
SECTION C	ALLOCATION OF PLACES		
IF CHOICE AVAILA	ABLE,WOULD YOU PREFER YOUR C	CHILD TO ATTEND A MORNING (Please delete)	OR AFTERNOON SESSION?
Any special reason for	your preference	,	
HAVE YOU APPLIE	ED TO ANY OTHER NURSERY PROV	ISION WITHIN TORFAEN?	YES/NO
If YES, please specify		(F	Please delete)



DETAILS OF ANY SPECIAL REASONS IN SUPPORT OF THE APPLICATION FOR YOUR CHILD'S ADMISSION TO NURSERY

(a)	ls th	e child looked after or has been previously looked after e.g. fostered?	YES/NO	(Please delete)	
(b)	b) Is there or has there been any involvement by a specialist agency i.e Social Worker, Health, Educational				
Phys	cholog	gist or a Paediatrician(see special note below) for:-			
,	(i)	Exceptional Circumstances/medical/social reasons	YES/NO	(Please delete)	
	(ii)	Special educational needs	YES/NO	(Please delete)	
		(if yes please submit details with this application)			

* PLEASE NOTE: Exceptional Circumstances or medical reasons must be supported by reports from medical agencies or social work agencies

which must be included by parents with the application form or forwarded direct from the agency to the Headteacher.

NOTES FROM FAMILY DOCTORS ARE NOT ACCEPTED FOR THIS PURPOSE.

SECTION E

APPLICATION FOR EARLY ADMISSION

Pupils can be admitted to nursery provision at the beginning of the term following their third birthday. If you want your child to be admitted early please indicate below.

January 2018 YES/NO (Please delete) or April 2018 YES/NO (Please delete)

If you wish your child(ren) to attend a private or voluntary sector setting (non maintained setting) Please contact the nursery direct (listed on Page 74-76 of the Parent/ Carer Booklet)

SECTION F

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I WILL INFORM YOU OF ANY ALTERATION IN THE PARTICULARS GIVEN.

THE INFORMATION THAT YOU PROVIDE WILL BE USED TO ALLOCATE A SCHOOL PLACE FOR YOUR CHILD. TORFAEN COUNTY BOROUGH COUNCIL, IN FULFILLING ITS DATA PROTECTION OBLIGATIONS, WILL TREAT ALL PERSONAL DATA SUBMITTED BY YOU, HELD MANUALLY AND / OR ON A COMPUTER DATABASE WITH ABSOLUTE SECURITY AND CARE. INFORMATION MAY BE SHARED WITH OTHER AGENCIES THAT ARE DIRECTLY INVOLVED IN THE EDUCATION, HEALTH AND WELFARE OF SCHOOL CHILDREN. THE USE OF PERSONAL INFORMATION IS COVERED BY THE AUTHORITIES REGISTRATION UNDER THE DATA PROTECTION ACT.

FULL NAME PARENT/CARE	R (PRINT) Miss, Ms, Mrs, Mr						
SIGNATURE PARENT/CARER							
			RELATIONSHIP				
DATE	TEL HOME	.TEL.WORK	. TO THE CHILD				

PLEASE NOTE THAT YOU WILL BE NOTIFIED AS TO THE OUTCOME OF YOUR APPLICATION BY FRIDAY 24TH NOVEMBER 2017

SECTION G TO BE	TO BE COMPLETED BY SCHOOL ONLY					
Date application received:						
Date of Birth verified:	YES/NO	Date:				
Child's Home Address verified:	YES/NO	Date:				