



Application for Admission to Seabridge Primary Nursery Setting

Before completing this form, you should read the Nursery Admission Arrangements provided on our website at www.seabridgeprimary.org.uk Please complete and email your application form: for the attention of Mrs Massey (Admissions Officer) to: office3@seabridgeprimary.org.uk

- **Spring Term – January Intake:** Applications open from Monday 2nd September 2021
- **Summer Term – April Intake:** Applications open from Wednesday 5th January 2022
- **Autumn Term – September Intake:** Applications open from Tuesday 1st March

1. NURSERY INTAKE YOU ARE APPLYING FOR (please select as appropriate)

January Intake April Intake September Intake

2. CHILD'S DETAILS

Child's Legal Surname: Date of Birth:

Child's Legal First Name: Male: Female:

Full Postal Address:
(including postcode)

NB: it is your responsibility to advise us immediately if these details change.

3. NURSERY PLACE YOU ARE APPLYING FOR AS IN ACCORDANCE WITH THE ADMISSION CRITERIA (Please select as applicable):

- a) The term after my child becomes 3 years of age Yes
- b) I have enclosed a copy of my child's birth Certificate Yes

4. FURTHER INFORMATION ABOUT YOUR CHILD

Is your child a twin or triplet, etc. (one of a multiple birth)? Yes No

If yes, please provide the names of related applications:

Is this child in the care of a local authority? (Please select each box as appropriate) Yes No

Has the child previously been in the care of a local authority but has since been adopted or become subject to a residence order or special guardianship order since being in public care Yes No

If 'Yes' to either of the above, please provide Social Worker and Local Authority contact details in the box below:

Does this child have an Education, Health and Care Plan (EHCP) Yes No

NAME OF ELDER BROTHER OR SISTER IF CURRENTLY AT SEABRIDGE PRIMARY

Name of elder brother or sister Date of Birth

5. DETAILS OF PERSON COMPLETING THIS FORM

Surname:	<input type="text"/>	Please indicate title Mr / Mrs / Miss / Ms
First Name:	<input type="text"/>	
Relationship to Child:	<input type="text"/>	
Contact Number:	<input type="text"/>	
Email Address:	<input type="text"/>	

6. ADDITIONAL NOTES TO SUPPORT YOUR APPLICATION

If applicable, please attach any additional information to support your application if it is relevant to the admissions criteria.

Print Name.....Signature.....Date.....