**SACRISTON ACADEMY**

**NURSERY ADMISSION FORM**

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| It is important that you provide as much information as possible to assist in the nursery admission process. Please note that your child is not guaranteed a place at any school (this includes your nearest schools).  The completed form must be emailed to Sacriston Academy, Witton Road, Sacriston, Durham, DH7 6LQ email address: [enquiries@sacristonacademy.co.uk](mailto:enquiries@sacristonacademy.co.uk). | | |
| **Section A – to be completed by the parent/carer** | | |
| **Child’s name:** |  | |
| **Date of birth:** |  | |
| **Current Address:** |  | |
| **Postcode** |  | |
| **Telephone number** | **Home: Mobile:** | |
| **E-mail address** |  | |
| **Name of Parent/Carer** |  | |
| **Playgroup or Toddler Group attended** |  | |
| **Have you applied for a place at another Nursery?** |  | |
| **If yes, please state which nurseries you have applied for.** |  | |
| **When would you like your child to attend?** |  | |
| **Are you eligible for free 30 hours provision?** |  | |
| **Please confirm your eligibility code** |  | |
| **Please confirm the names and date of birth of any siblings attending your preferred school?** | | |
| **Name** | **Date of Birth** | **Year group** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Does your child have any special needs that we need to be aware of?** |  | |
| **Signed** |  | |
| **Print Name** |  | |
| **Relationship to pupil** |  | |
| **Date** |  | |

# To be completed by the school

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| **Sessions offered** |  |
| **Date place accepted** |  |
| **Date of admission to nursery** |  |
| **Signed** |  |
| **Designation** |  |
| **Date** |  |