

NURSERY ADMISSION APPLICATION FORM

Please complete this form to apply for a nursery place in a primary school (children are eligible for a nursery place from the term following their third birthday).

Surname: Date of Birth:

First Name(s): Gender: _____

Current School:

ADDRESS AT WHICH PUPIL IS RESIDENT During the admissions procedure you **must** notify School Admissions Team in writing of any change of home address. Where a place is offered based on the address given on the preference form but it is subsequently found to have changed because you have moved home, the place may be withdrawn. Places offered on the basis of fraudulent or intentionally misleading information will be withdrawn. **Your statutory right of appeal will not be affected.**

Post Code: _____ Telephone: _____

NAME(S) OF PARENT(S) OR ADULT(S) WITH PARENTAL RESPONSIBILITY (CARERS)

Title:	Initials:	Surname:	Daytime Telephone No:
Relationship to child:			
Address (If different from Pupil's address):			
Email Address(es):			

Title:	Initials:	Surname:	Daytime Telephone No:
Relationship to child:			
Address (If different from Pupil's address):			
Email Address(es):			

Names of preferred schools. Applications for any schools outside Swansea Local Authority will need to be made to the relevant Authority.

Important Note: Attending the nursery at any school does not guarantee a place in the Reception class.

Please state 3 preferences in ranked order. (Do not include fee-paying Independent schools)

1st Preference	
2nd Preference	
3rd Preference	

VOLUNTARY AIDED SCHOOLS

If you have stated a preference for a Voluntary Aided (VA) School **you should also contact the VA school** as additional information may be required in support of your application.

Please tick any of the following reasons applicable to each of your choice of schools.

Reasons:	1st Pref	2nd Pref	3rd Pref
Sibling (<i>brothers and sisters</i>)(<i>please provide details below</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catchment Area (<i>where Catchment Area applies</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance (<i>home to preferred school</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE STATE ANY OTHER REASON FOR YOUR CHOICE

Please include here any further information which you consider may be relevant to your preference(s). You may wish to make separate statements in support of each of your preferences. Please provide full details of dual residency.

SIBLINGS

A brother or sister will be defined as a natural or legally adopted child of either parent living at the same address.

Name of Sibling	School	Yr Group	Date of Birth

Please indicate if the pupil is of UK Service Personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Additional Learning Needs		
Does your child have a Statement of Special Educational Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have an Individual Development Plan (IDP) where the LA has named a school in section 2D.1 of the IDP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is the child “Looked After” (in the care of a Local Authority) or been “previously Looked After” (in the care of a Local Authority)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES please complete the Supplementary Information section of this form.		

Supplementary Information	
<p>To be completed if you ticked ‘YES’ to the question: ‘Is the child “Looked After” (in the care of a Local Authority) or been “previously Looked After” (in the care of a Local Authority)’.</p> <p>Please be aware that the information below should be completed in full and the social worker contacted before we can process your application:-</p>	
Please state which Local Authority the child is in the care of:	
Date of first LAC episode and LAC status at that time:	
Current LAC legal status:	
Date LAC status ceased (if applicable):	
Reason for LAC status being ceased:	
Contact details of current (or previous) Social Worker:	
Name of current (or previous) Social Worker:	
Email:	
Telephone:	

PARENT'S/CARER'S DECLARATION

I declare that all the information which I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I have read the Council's information booklet on admissions.

Free home to school transport is only provided for pupils who live two miles or more from their designated primary school or three miles or more from their designated secondary school. If you are applying for a place at a school that is not the designated school for your home address, the responsibility and the cost for getting your child to and from school lies with you as parent/carer. The local authority will not provide free home to school transport when a pupil does not attend their designated school. Further information about school transport and admissions is available on the Council's website and hard copies of explanatory material can be provided upon request.

DATA PROTECTION PRIVACY STATEMENT - Swansea Council is the data controller for the personal information you provide on this form. We are collecting this information as part of our obligation under the Welsh Government School Admissions Code. Your information will be used to help us fulfil our legal obligations associated with arranging school places and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law which will include data sharing with the school(s) relevant to your child. We are obliged by law to report certain matters on school pupils to Welsh Government.

Data protection law describes the legal basis for our processing your data as necessary for compliance with a legal obligation. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate [privacy notice](https://www.swansea.gov.uk/privacynotice) on our website <https://www.swansea.gov.uk/privacynotice>

VERIFICATION OF INFORMATION – The Local Authority reserves the right to contact other Local Authority departments or other organisations or individuals to verify the details submitted on this admission application form.

I confirm that I have parental responsibility for the pupil and have obtained the agreement of all other persons who have parental responsibility for the pupil to make this application.

Please tick to confirm this statement has been read:

Date:

Signed :

Council Tax reference number :