

## 2020 September entry application - Nursery

Please read this form carefully and complete it as fully as possible.  
The information you give will be used to allocate a school place for your child.

**Please return to:** School Admissions, Education Support,  
Denbighshire County Council, PO Box 62, Ruthin, LL15 9AZ

**By: 21 February 2020**

Child's details			
Legal forenames		Preferred forename (if different)	
Legal surname		Preferred surname (if different)	
Date of birth (dd/mm/yyyy)	__ / __ / ____	Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's permanent address			
	(postal responses will be sent to this address)		
Postcode		Local Authority (e.g. Denbighshire)	
Which school/playgroup does your child currently go to?			

Parent's details – parent who is completing this application			
Title		Full Name	
Relationship to child		I confirm I have parental responsibility for the child named above and am their lawful parent / carer / guardian. Please tick <input type="checkbox"/>	
Home telephone number		Mobile number	
Email address		Repeat email address	
Address – if same as child, please tick here and leave box below blank <input type="checkbox"/>			
Preferred method of receipt	Email <input type="checkbox"/>	Text <input type="checkbox"/>	Choose one. We will confirm we've received your application. Leave blank if you do not require a receipt.
Preferred notification of outcome	Email <input type="checkbox"/>	Post <input type="checkbox"/>	Choose one. We will use this for issuing the outcome of your application.

<b>Name of preferred school/s</b> (please list in order of preference)	1 <sup>st</sup> preference:
	2 <sup>nd</sup> preference:
	3 <sup>rd</sup> preference:
	4 <sup>th</sup> preference:
	Other preferences:

The Authority always tries to offer the first preference school for each applicant, but please be aware that this is not always possible.

**Please note that attending the Nursery class of a school does NOT guarantee a place in the Reception class of that same school – a new form must still be submitted.**

Other application details		Please tick relevant boxes below				
Is the child currently, or were they previously, in public care? (a 'Looked After Child')	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Previously	<input type="checkbox"/>
If yes, name the <u>corporate</u> parent (the Local Authority)						
Does your child have a statement of Special Educational Needs (SEN), issued by the Local Authority?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Would you like us to write to you only in Welsh?	Welsh only	<input type="checkbox"/>	Bilingual (Welsh & English)	<input type="checkbox"/>		
If applying for a dual stream school, which is your child's preferred language for education?	Welsh	<input type="checkbox"/>	English	<input type="checkbox"/>		
Is your child a young carer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
<b>Please provide any relevant additional information e.g. medical / social reasons for preference:</b> (circumstances need to be verified in writing by a medical/education professional or registered social worker)						
Names and dates of birth of siblings who will still be attending the requested school in September 2020	Name:			Date of birth	__ / __ / ____	
	Name:			Date of birth	__ / __ / ____	
	Name:			Date of birth	__ / __ / ____	

Details of other adults with parental responsibility even if they live elsewhere:			
Title		Full Name	
Relationship to child		Please note that all adults with parental responsibility should agree to this application before its submission.	
Home telephone number		Mobile number	
Email address		Repeat email address	
Address – if same as child, please tick here and leave box below blank <input type="checkbox"/>			

<b>Declaration:</b>	I confirm that the details above are accurate to the best of my knowledge and belief		
Signature of parent/guardian	Date __ / __ / __		
<b>Your form must be received in the office by 21 February 2020</b>	School Admissions, Education Support Denbighshire County Council PO Box 62 Ruthin LL15 9AZ		
<b>Please return it to:</b>	or <a href="mailto:admissions@denbighshire.gov.uk">admissions@denbighshire.gov.uk</a>		

The information requested within this form on pupils, their parents or legal guardians may, in accordance with the Data Protection Act 1998, be shared with other departments in the Local Authority. For further information on how your information is used and your rights to accessing the information which we hold on you, see the privacy notice on our website [www.denbighshire.gov.uk](http://www.denbighshire.gov.uk).

**Please note that the Authority reserves the right to request copies of official documentation to verify residence at the given address. If your information changes in any way please notify the School Admissions Office immediately.**