

APPLICATION FOR ADMISSION TO NURSERY

CONTACT INFORMATION

Child's Surname:
 Child's Forename:
 Home Address:

Date of Birth:

Gender:

Male Female

Telephone Numbers:

Home: _____

Work: _____

Mobile: _____

Email: _____

Please tick if you would be happy to receive correspondence via email

Please check that the above contact information is correct before submitting your application

Preferred Nursery(s)

Please list in order of preference including whether you would like a morning or afternoon session?

1. _____

2. _____

3. _____

Requested Date of Admission:

Please provide a reason for your requested move (optional)

Other Information

Does your child have Additional Needs?

Yes/ No

Please give details below

Is your child statemented?

Yes/ No

Please give details below

Is your child looked after by Social Services or have they ever been looked after by Social Services (e.g. adopted or previously in the care system)?

Yes/ No

Please give details of the placing Authority, Social Worker and Tel No:

Does your child have a disability or long term medical condition?

Yes/ No

If yes, please provide brief details below.

Does the disability / medical condition require the place at the named School?

Yes/ No

If Yes, please provide details together with a medical consultants report (as per point 2 of the Authority's oversubscription criteria). Depending on the nature of the condition, we may contact you for further information.

Please state your child's first language. _____

Does your child have any emotional or behavioural conditions?

Yes/ No

If so, please tell us about them below:

Siblings

Will the child have older brothers or sisters (residing at the same address) at the preferred Nursery or if you are applying for Magor at the School?

Name	D.O.B	Nursery/School	Current Year

Distance

Approximately how many miles do you live from your preferred school

Miles

How we will use your information

Processing of your personal data by Monmouthshire County Council (MCC) is necessary to ensure your child can gain educational provision. Without this information, the school and student access unit may not be able to fulfil this service.

Your details will be legitimately shared with other departments within the local authority in a safe and secure manner. From time to time it may also be necessary that we share your personal details with other agencies involved in the health, education and welfare of children and young people. Your personal details will not be shared further, unless in relation to safeguarding or other legal obligations. Your records will be safely stored and retained in line with our retention policy, unless we need to retain under another lawful basis.

You have a number of rights in relation to the information including the right of access to information we hold about you and the right to complain if you are unhappy with the way your information is being processed. For further information on how we process your information and your rights please click the following link:

<http://www.monmouthshire.gov.uk/app/uploads/2018/05/CYPSA001-Privacy-Notice.docx>

Should you need to make a complaint about the way your data has been processed, please contact dataprotection@monmouthshire.gov.uk or if you are not fully satisfied you may contact the Information Commissioner’s Office online at www.ico.org.uk/concerns or via their helpline: 0303 123 1113

Declaration

I confirm that I am the legal guardian holding parental responsibility for the child concerned and that all of the information included on the application form is true to the best of my knowledge. I have read and understand the content of the Guidance notes for parents.

Signature of Parent / Guardian with parental responsibility

Name of Parent / Guardian with parental responsibility (Block Capitals)

Relationship to Child

PLEASE RETURN YOUR COMPLETED FORM TO THE SCHOOL AND STUDENT ACCESS UNIT, MONMOUTHSHIRE COUNTY COUNCIL, PO Box 106, Caldicot, NP26 9AN - acesstolearning@monmouthshire.gov.uk - 01633 644508