



ASHCROFT INFANT AND NURSERY SCHOOL

Mildenhall, Tamworth, B79 8RU

'Providing the best start in life for all children'

Telephone: 01827 213760

E-mail: office@ashcroft.staffs.sch.uk
www.ashcroftinfantandnursery.co.uk

Application for Admission to Nursery School in April 2025

If you choose to make an application to Nursery for April 2025 the completed form needs to be received at the school office by 15th Jan 2025. Offers will be communicated to parents by 31st January 2025.

If we are over subscribed we will follow our admissions policy criteria to allocate places.

Please remember this is an application form and not a guarantee of a nursery place.

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 the Ashcroft Infant School immediately if these details change.

Present Nursery if applicable:

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

If yes, please provide the names of related applications:

Is this child in the care of a local authority? Please tick each box as appropriate

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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?)

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

From a returning Service/Crown Servant family?

Does this child have a statutory statement of educational need or Education, Health and Care Plan?

DETAILS OF PERSON COMPLETING THIS FORM

Surname: Please indicate title Mr / Mrs / Miss / Ms

First Name:

Relationship to Child:

Contact Number:

Email Address:

DETAILS OF OLDER BROTHER OR SISTER ATTENDING ASHCROFT INFANTS SCHOOL

(Please note that for most schools the older brother or sister **must** still be in attendance at the school in September 2024, and permanently living at the same address)

Name of Sibling	
School attending	

Date of Birth	
Current Year Group	

Important Points to Remember:

- You **must** make an application, even if you have **an older child** attending Ashcroft Infant School.
- **Understand** the admissions criteria for Ashcroft Infant School, this will enable you to assess what order of priority will be given for each application.

DECLARATION AND SIGNATURE OF APPLICANT

The information provided on this application form will be used to ensure that the school's records are correct. It may also be shared with other agencies and service providers to ensure that your child receives an appropriate service.

I certify that the information I have provided is true to the best of my knowledge, and understand that any false or deliberately misleading information provided on this form and/or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a school place for my child. I also give my consent for Ashcroft Infant School to contact relevant agencies in order to validate this application.

Signature: Date:

Before returning this form please ensure that you have:

- consulted with any other persons who have parental responsibility for this child.
- provided any supportive evidence required to assess your application; completed any supplementary forms necessary.

If you require any assistance please telephone 01827 213760

Please could you indicate whether you are intending on using 15 or 30 hours funding (if known)

15 hours

30 hours

*15 hours will cover your child for every morning at nursery from 9am-12. If you are entitled to the 30 hour funding this will cover every day from 9am -3pm.

If you would like your child to attend certain days, for example - use the 15 hours over 2 ½ days instead of 5 mornings please indicate below the days you would like to request your child attends. We will endeavour to accommodate your request.

	9-12	12-3
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		