

St Giles' and St George's C of E Academy Application for Admission to Nursery

Before completing this form you should read the Nursery Admissions Policy and Guidance provided on our website at: www.stgilestgeorgesacademy.co.uk. Please complete your application electronically* and email to: office@stgg.org.uk. Alternatively, you can submit your completed handwritten form to the academy office.

NURSERY INTAKE YOU ARE APPLYING FOR:				
January	April	Septembe	r	
CHILD'S DETAILS		_		
Child's Legal Surname:		Date of Birth:		
Child's Legal First Name:		Male	Female	
Full Postal Address:				
		Po	stcode:	
NB: it is your respon	sibility to advise	•		
Present/Previous Nursery Provider (if app	olicable):			
Is your child one of multiple birth e.g. twi	n, triplet? Ye	s No		
If yes please provide the names of related	applications:			
Is this child in the current care of local aut	thority? Ye	s No		
Has the child previously been in the care of	of a local author	rity but has since b	peen adopted (or	
become subject to a residence order or sp		-	-	
care?) Yes No	, com garana			
If 'Yes' to either of the above, please pro-	vide Social Wor	ker and Local Aut	hority contact	
details:				
From a returning Service/Crown Servant f	amily? Ye	s No		
Does this child have a statutory statement	t of educational	need or Education	n, Health and Care	
Plan (EHCP)?	Ye	s No		

DETAILS OF OLDER S	SIBILING ATTENDING ST GIL	ES' AND ST GEOR	GE'S ACADEMY		
Name of Sibling:		Date of Birth:			
School attending:		Current Year Group	:		
DETAILS OF PERSON	I COMPLETING THIS FORM				
Title:					
Surname:					
First Name:					
Relationship to Child:					
Contact Number:					
Email Address:					
ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION					
DECLARATION AND SIGNATURE OF APPLICANT					
I certify that the information I have provided is true to the best of my knowledge, and					
•	ilse or deliberately misleading ir nav render this application inval	•			
or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a school place for my child.					
Name:	Signatu	re:			
	Date		1		

^{*}To complete the application electronically please click the 'Fill & Sign' tab located at the top right hand corner. Next click the 'Add Text' button and move the curser to the boxes on the form, once the curser is over the box right click and type in the information required. Once the form is complete, save and email to: office@stgg.org.uk