Application for Admission to Oaklands Nursery

Oaklands Avenue, Porthill, Newcastle, Staffs ST5 0EX

Child's full name:	**Gender:**	**DOB:**
Address: **Post code:**		**Telephone number:**

Full name of parent/s who child lives with:

Email address:

<u>Health Visitor details</u>

Name

Phone number

Any other professionals involved with your child, eg Speech & Language, Paediatrician

Name

Phone number

Does your child have an Education Health and Care Plan?

Yes ☐ **No** ☐

Please indicate which days/hours you would like your child to attend:

Where did you hear about Oaklands?

Declaration and signature of applicant

The information provided on this application form will be used to ensure that our records are correct.

I, _____ (print name), 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 place for my child.

Before returning this form, please sign to agree that you have:

- Read all the information contained in the enclosed Oaklands Nursery booklet
- Consulted with any other persons who have parental responsibility for this child;
- Provided any supporting evidence required to assess your application, eg birth certificate;

Signature

Date