Darlinghurst Academy Nursery Application Form

Section 1 - Pupil Details - Please type on the form and email to us or use clear hand writing print and post to us

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| * | |
| | |

| Forename | 51 030 Cloai 110 | <u> </u> | 3111111 | 311G POST TO 05 | | | |
|---|------------------|----------------|-------------|--------------------------------|---------------|-------------|-----|
| Surname | | | | | | | |
| Known as | | | | | | | |
| Date of Birth | | | Male | | Female | | |
| Current Home Address | | | You prov | must vide proof of Iress | | | |
| | | | Dale | e Moving | | | |
| Section 2 Siblings If you have another child at any of your preferred schools, please provide their details. If you are applying for more children, please use separate forms for each child. | | | | | | | |
| Name | | | | Date of Birth | Year Group | Current sch | ool |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Section 3 Parent, | / Carers detai | ls – please ty | уре о | n the form or | use clear ho | and writing | |
| Mr/Mrs/Miss/Ms | | Forename | | | Surname | | |
| Relationship to child? | | | | Home Telephone no. | | | |
| Work telephone | no. | | | Mobile telephone no. | | | |
| Email Address | | | | | | | |
| | | | | | | | |
| Mr/Mrs/Miss/Ms | | Forename | | | Surname | | |
| Relationship to child? | | | | Home Telephone no. | | | |
| Work telephone | no. | | | Mobile telephone no. | | | |
| Email Address | | | | | | | |
| | | | | | | | |

Section 4 Further details

If you answer yes to any of the below, please ensure to provide a copy of the relevant documentation

| Is your child looked after by a Local Authority or is your child previously looked after? | | | | No | |
|--|---|-----|--|----|--|
| has a child arrangements ord by the state, please provide a copy of the authority. This also applies if the | s a special guardianship order, or ler, after having being looked after order and the details of the Local ne child was in state care abroad | Yes | | No | |
| If yes, which Local Authority | | | | | |
| Please add your social workers name and contact details | | | | | |
| | | | | | |
| | | | | | |

| Is your child a member of a Service or Crown Family? Please | Yes | N | 0 | |
|---|-----|---|---|--|
| provide letter from the MOD with details | | | | |

Declaration

I confirm that the information I have given is true and that I have parental responsibility for this child.

| Name: | Da | ate: | | | |
|---|----|------|--|--|--|
| Signature: | | | | | |
| Once completed please return to: | | | | | |
| Miss Davis – Nursery Admissions Officer – Darlinghurst Academy, Pavilion Drive, Leigh on Sea, SS9 3JS. Or via email at <u>admissions@darlinghurstacademy.org.uk</u> or you can telephone Miss | | | | | |
| Davis on 01702 509205. | | | | | |
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