TORFAEN EDUCATION SERVICE

APPLICATION FOR NURSERY PLACEMENT 2023

PLEASE SUBMIT THIS FORM TO THE NURSERY OF YOUR CHOICE ALONG WITH PROOF OF YOUR CHILD'S DATE OF BIRTH AND YOUR ADDRESS

PLEASE NOTE YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION

IF YOU TICK **YES** TO ANY OF THE QUESTIONS IN **SECTION E**, PLEASE ENSURE YOU ATTACH ANY RELEVANT CORRESPONDENCE.

SECTION A	NURSERY PROVISION			
The name of th	e Nursery you would like your child to attend			
SECTION B	ALLOCATION OF PLACES			
Would you pref	fer your child to attend a morning or afternoon session?	morning/afternoon (Please delete)		
Please be awa placement.	re your choice cannot be guaranteed, and the Nursery will contact	t you directly with details of the		
Any special rea	ason for your preference			
SECTION C	APPLICATION FOR EARLY PLACEMENT			
•	admitted to a Nursery provision at the beginning of the term follow your child to be admitted earlier than September 2022 please indicates and the control of the term follows and the control of the term follows and the control of the term follows are the control of the term follows and the control of the term follows are the control of the term follows are the control of the term follows and the term follows are the control of the control of the term follows are the control of the con	•		
January 2023	(Pupils born between 1 September 2019 – 31 December 2019)	YES/NO (Please delete)		
or				
April 2023	(Pupils born between 1 January 2020 – 31 March 2020)	YES/NO (Please delete)		
SECTION D				
PERSONAL D	ETAILS - CHILD			
Forename(s)	Surname	Male/Female		
Date of Birth* *Birth Certificate must be produced				
Address (this n	nust be the child's permanent residence)			
		Post Code		
* Confirm	nation of child's home address must be produced in the form of a	current Council Tax bill or Water bill		
	ETAILS - PARENT/CARER			
	arent/Carer (please print) Miss, Ms, Mrs, Mr			
·	childEmail Address			
Contact Number	er(s)			

SECTION E DETAILS OF ANY SPECIAL REASONS IN SUPPORT OF THE APPLICATION FOR YOUR CHILD'S ADMISSION TO NURSERY

Is the child looked after or has been	. Fostered? YES/NO (Please delete)	
If YES, please provide the name of	your Social Worker	
Psychologist or a Paediatrician for: (a) Exceptional circumstance	- :es/Medical/Social Reasons	· · · · · · · · · · · · · · · · · · ·
(b) Special Educational Nee		YES/NO (Please delete)
If YES, please provide the name of	the Professional involved	
agencies or Social Work agencies a	and must be included with th	Needs must be supported by reports from Medical e application form or forwarded direct from the RS ARE NOT ACCEPTED FOR THIS PURPOSE
Is your child a Service Child (Parent RAF or as a Reservist?	es currently serving or have	served within the past six years in the Army, Navy, YES/NO (Please delete)
SECTION F DECLARATION		
I hereby declare that the information knowledge and I will inform you of a	-	s accurate and complete to the best of my ars given.
fulfilling its data protection obligation database with security and care. Infohealth and welfare of school children Data Protection Act. A privacy notice found on our website.	ns, will treat all personal data ormation may be shared wit n. The use of personal infor e detailing how we use infor ed-Documents/Data-Protecti	ol place for your child. Torfaen County Borough Council is a submitted by you held manually and or on a computer h other agencies that are directly involved in the education mation is covered by the authority's registration under the mation about you and how we protect your privacy can be for-and-Freedom-of-Information/Privacy-Notices/Education
I can confirm that I have parental resparental respansibility for the pupil to		have obtained the agreement of all other persons who have YES /NO (please delete
Signature		Date
NOTIFIC	CATION AS TO THE OUTC	OME OF YOUR APPLICATION
JANUARY 2023 EARLY PLACEM	IENTS AND SEPTEMBER FRIDAY 25 TH NO	2023 PLACEMENTS WILL BE NOTIFIED BY VEMBER 2022
APRIL 2023 PLA	CEMENTS WILL BE NOTI	FIED ON FRIDAY 27TH JANUARY 2023
		T ONLY SUBMIT ONE APPLICATION. VILL NOT BE CONSIDERED.
SECTION G TO BE COMPLETE	ED BY SCHOOL	
Date application received		
Date of Birth verified Child's home address verified	YES/NO YES/NO	Date