



Roots to grow, wings to fly

Tel: 01889 590203
www.dove.staffs.sch.uk

Application for Admission to Nursery – Page 1

You should complete and return your application form to Dove CE Academy.

Required Start Date:

Child's Details

Child's Legal Surname:

Date of Birth:

Child's Legal First Name:

Full Postal Address:
(including postcode)

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? Yes No

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?) Yes No

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



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Details of Person Completing Form – Page 2

Surname:

First Name:

Relationship to Child:

Contact Number:

Email Address:

Deatils of older siblings attending Dove CE Academy:

Name of sibling:

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Name of Sibling:

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 a place for my child at the Nursery at Dove CE Academy. Before returning this form please sign to agree that you have:

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

Signature:

Date: