

**TORFAEN EDUCATION SERVICE  
APPLICATION FOR NURSERY PLACEMENT 2024**



**SECTION A NURSERY PROVISION**

The name of the Nursery you would like your child to attend.....

**SECTION B ALLOCATION OF PLACES**

Would you prefer your child to attend a morning or afternoon session? **morning/afternoon (Please select)**

Please note that sessions are allocated by the nursery and your choice cannot be guaranteed, the Nursery will contact you directly with details of the placement.

Any special reason for your preference.....  
.....  
.....

**SECTION C APPLICATION FOR EARLY PLACEMENT**

Pupils can be admitted to a Nursery provision at the beginning of the term following their third birthday.  
If you wish for your child to be admitted earlier than September 2024 please indicate below.

January 2024 (Pupils born between 1 September 2020 – 31 December 2020) **YES/NO (Please select)**  
or  
April 2024 (Pupils born between 1 January 2021 – 31 March 2021) **YES/NO (Please select)**

**SECTION D PERSONAL DETAILS - CHILD**

Forename(s).....Surname.....Male/Female  
Date of Birth\*.....**\*Birth Certificate must be produced**  
Address (this must be the child's permanent residence)  
.....  
.....Post Code.....

**\* Please provide a copy of your current council tax notification letter or a current utility bill  
(without this evidence, the application will not be processed)**

**SECTION E PERSONAL DETAILS – PARENT/CARER**

Full name of Parent/Carer (please print) Miss, Ms, Mrs, Mr.....  
Relationship to child.....Email Address.....  
Contact Number(s).....

**SECTION F 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 previously looked after e.g. Fostered? **YES/NO (Please select)**

If YES, please provide the name of your Social Worker.....

Is there or has there been any involvement by a specialist agency i.e. Social Worker, Health, Educational Psychologist or a Paediatrician for: -

(a) Exceptional circumstances/Medical/Social Reasons **YES/NO (Please select)**

(b) Special Educational Needs **YES/NO (Please select)**

If YES, please provide the name of the Professional involved.....

**\* PLEASE NOTE**

Exceptional circumstances/Medical reasons/Special Education Needs must be supported by reports from Medical agencies or Social Work agencies and must be included with the application form or forwarded direct from the agency to the Headteacher. – **NOTES FROM FAMILY DOCTORS ARE NOT ACCEPTED FOR THIS PURPOSE**

Is your child a Service Child (Parents currently serving or have served within the past six years in the Army, Navy, RAF or as a Reservist? **YES/NO (Please select)**

**SECTION G DECLARATION**

I hereby declare that the information given by me on this form is accurate and complete to the best of my knowledge and I will inform you of any alteration in the particulars given.

The information that you provide will be used to allocate a school place for your child. Torfaen County Borough Council in fulfilling its data protection obligations, will treat all personal data submitted by you held manually and or on a computer database with security and care. Information may be shared with other agencies that are directly involved in the education, health and welfare of school children. The use of personal information is covered by the authority's registration under the Data Protection Act. A privacy notice detailing how we use information about you and how we protect your privacy can be found on our website.

<http://www.torfaen.gov.uk/en/Related-Documents/Data-Protection-and-Freedom-of-Information/Privacy-Notices/Education/School-Admissions-and-Transfers-Privacy-Notice.pdf>

I can confirm that I have parental responsibility for the pupil and have obtained the agreement of all other persons who have parental responsibility for the pupil to make this application **YES /NO (please select)**

**Signature**.....**Date**.....

**SECTION H TO BE COMPLETED BY SCHOOL**

Date application received.....

Date of Birth verified YES/NO Date.....

Child's home address verified YES/NO Date.....