TORFAEN EDUCATION SERVICE APPLICATION FOR NURSERY PLACEMENT 2025



SECTION A	NURSERY PREFERENCES
Please indicate	e the name of the Nursery you would like your child to attend, you may express more than one preference
1	
2	
3	
SECTION B	ALLOCATION OF PLACES
Would you pre	fer your child to attend a morning or afternoon session? morning/afternoon (Please select)
	at sessions are allocated by the nursery and your choice cannot be guaranteed, the Nursery will contact the details of the placement.
SECTION C	APPLICATION FOR EARLY PLACEMENT
	between 1st September and 31st March may be offered an early start in the term following their 3rd want to be considered for this should places be available, then please indicate below:
January 2025	(Pupils born between 1 September 2021 – 31 December 2021) YES/NO (Please select)
or	
April 2025	(Pupils born between 1 January 2022 – 31 March 2022) YES/NO (Please select)
SECTION D	PERSONAL DETAILS - CHILD
Forename(s)	SurnameMale/Female
Date of Birth*	*Birth Certificate must be provided
Address (this r	nust be the child's permanent residence)
	Post Code
Is your child lo	oked after or has been previously looked after e.g. Fostered? YES/NO (Please select)
For a previous	ly looked after child please provide supporting evidence such as an adoption certificate
If yes, please s	state the corporate parent/previous corporate parent:

* As the social worker for the above named child I confirm that after consideration the first preference nursery named in Section A is the most appropriate to meet the needs of this looked after child.

_____ Signature*: _____

Social worker's full name;_____

* 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 childEmail Address	
Contact Number(s)	
Home address (if different from above):	
	Post Code
SECTION F DETAILS OF ANY SPECIAL REASONS IN SUPPORT CHILD'S ADMISSION TO NURSERY	OF THE APPLICATION FOR YOUR
Is your child a Service Child (Parents currently serving or have served wi RAF or as a Reservist)?	thin the past two years in the Army, Navy, YES/NO (Please select)
Is your child one of a multiple birth (e.g. twin or triplet)?	YES/NO (Please select)
Does your child hold a Statement of special educational needs/Individual	Development Plan which names a nursery?
	YES/NO (Please select)
If yes, which school is named?	
Does your child have a medical condition?	YES/NO (Please select)
* If Yes, please provide supporting medical evidence from a Consult attending a specific school.	tant, specifying the medical advantage for
* PLEASE NOTE: NOTES FROM FAMILY DOCTORS ARE NOT ACCE	PTED FOR THIS PURPOSE
If your child meets any of the specified criteria for a full-time nursery place then please submit the supplementary evidence required to meet the criteria.	
SECTION G DECLARATION	
The information that you provide will be used to allocate a school place for fulfilling its data protection obligations, will treat all personal data submitted database with security and care. Information may be shared with other acceducation, health and welfare of school children. The use of personal information has Protection Act. A privacy notice detailing how we use information privacy can be found on our website.	ed by you held manually and or on a computer gencies that are directly involved in the promation is covered by the authority's registration
https://www.torfaen.gov.uk/en/AboutTheCouncil/DataProtectionFreedomeNotice/Service-Area-PNs/PN034-School-Admissions-and-Transfers-Priva	-
I have read the Information in the School Admissions Policy and understate and conditions outlined in this document and therefore there is no guarant Furthermore, I understand that attending a nursery class does not give me group at any particular school, as a separate application is required. I here this form is accurate and complete to the best of my knowledge and I will given. I can confirm that I have parental responsibility for the child and have obt	and that the application is subject to the terms atee of admission to my chosen nursery. By child priority for a place in the reception year reby declare that the information given by me on inform you of any alteration in the particulars
have parental responsibility for the child to make this application.	YES /NO (please select)
SignatureDate	