



DCAF-0 2024 – 2025 Tavistock Primary & Nursery School School Nursery Application Form

This form should be read in conjunction with the **Schools Nursery Admissions Policy**

This application form can be downloaded from our school website or contact the school office if you require a hard copy. If you cannot attach evidence to this application, you can bring it to the school office to be checked instead.

BEFORE completing your application, you must check:

1. If you are eligible for **2-year-old funding** [read the criteria](#) and if you think you may be eligible check on the [Citizens Portal](#). Three years can get this funding leading up to when they become eligible for universal funding. You should also check if you are eligible for a **free school meal** whilst you are there.
2. If you are eligible for funding because you are a **working parent** [check on the Childcare Choices website](#). *If you are eligible for 2-year-old funding AND targeted funding for working parents - the 2-year-old funding takes priority.*
3. If you think you may be entitled to **Early Years Pupil Premium** for your child [read these criteria](#) and complete an application form that should accompany this application.

Section A: Details about the child

Forename(s):	
Surname/Family Name:	
Home Address with postcode:	

<i>Where the child normally lives. If you expect to move from this address before starting at the nursery, you must let us know as this may affect your application.</i>	
New address if moving, with postcode:	
Moving date:	
Date of birth:	(Evidence attached / I will bring evidence to the office)
Which most accurately describes your child?	Boy/Girl/ I prefer not to say/Let me type:
Is this child in the Care of a Local Authority or was this child in the Care of a Local Authority before immediately being adopted or made the subject of a Child Arrangements Order (CAO) or a Special Guardianship Order (SGO)?	No Yes
If yes, which Local Authority? Please tell us the name and contact details of the supporting social worker or agency.	Local Authority: Social Worker/agency: Email: Phone Number: (Evidence attached / I will bring evidence to the office)
Does the child have an Education, Health, and Care Plan (EHCP), is undergoing a statutory assessment, receive Disability Living Allowance or have a disability?	No Yes (Evidence attached / I will bring evidence to the office)
Is this child a multiple birth child – a twin or a triplet etc? Please complete a separate form for each child.	No Yes

Section B: Details about you

Forename(s):	
Surname/Family Name:	
Home address and postcode (if different from your child's):	
Daytime telephone number:	
Email address:	
What is your relationship to this child?	e.g., Mum, Dad, Foster Carer
Do you have parental responsibility	No (I have attached evidence that someone with PR

(PR) for this child?	is happy for me to make the application on their behalf.) Yes
Is this child subject to a private fostering arrangement?	No Yes (Evidence attached / I will bring evidence to the office)
Is there a court order in place that might affect this application?	No Yes (Evidence attached / I will bring evidence to the office)

Section C

When would you like your child to start? You may be able to start immediately if you have moved into the area or if you have just become eligible for funding and we have places available.	<input type="checkbox"/> Autumn Term (September) <input type="checkbox"/> Spring Term (January) <input type="checkbox"/> Summer Term (April) <input type="checkbox"/> Immediately
Do you believe there is an Exceptional Need for your child to attend this school and ONLY this school? <i>The Need could be of the child, a parent or both.</i>	No Yes (Evidence from a social care or health professional is attached / I will bring evidence to the office)
Are you selecting this school because this is the child of a member of staff working there?	No Yes The member of staff is:
Do you believe this child is eligible for priority for this nursery because you have another child at the school?	No Yes Brother/sisters name: Brother/sisters date of birth: If you have more than one child at the school, please name the eldest.
Is the child eligible for Two-Year-Old Funding?	Yes (Evidence attached / I will bring evidence to the office) No
Is the child eligible for a Free School Meal?	Yes (Evidence attached / I will bring evidence to the office) No
Is the child eligible for Early Years Pupil Premium funding? (3- and 4-year-olds only)	Yes No Don't know
Is the child eligible for funding because you are a working parent? From <i>April 2024</i> : 2-year-olds can get 15 hours. From <i>September 2024</i> : 9 months olds can get 15 hours. From <i>September 2025</i> : 9 months to starting school can get 30 hours.	Yes (15 hours) Yes (30 hours) (Evidence attached/I will bring evidence to the office) No Don't know.
Do you want to split your funded entitlement between two different providers?	Yes No Don't know

Does the child already attend a childcare provider?	Yes No
If yes, which provider/s and will the child continue to attend that/those provisions if offered a place?	

State the times when you wish to attend. This will not impact on whether a place is available. Please choose from the sessions that we offer in the box below.

Our 'offer' is:	Morning 9.00 - 12.00	Afternoon 12.00 - 15.00	All Day 9.00 - 15.00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Section D

Declaration and Signature

Community and Voluntary Controlled schools can only prioritise early years applications according to the oversubscription criteria in the [Devon County Council Nursery Admissions Policy January 2024 to August 2025](#)

- I understand I must inform the school if this child's circumstances change before admission.
- I understand that it is my responsibility to provide supporting evidence if the child has an Exceptional Need. Documentary evidence will be required if the child is adopted, has a CAO or a SGO or an ECHP. If the child is undergoing an assessment for an EHCP or if the child has a disability, evidence will be required or is in receipt of DLA. If there is a Court Order that relates to the child, a private fostering arrangement, eligibility for a free school meal, and/or 2-year-old funding, or funding for working families, or Early Years Pupil Premium.
- I understand that I must provide evidence of the child's date of birth.
- I have read or, had the opportunity to read, the schools nursery admissions policy on the school website. understand that I can contact the school to resolve any queries throughout the application process.

I confirm that the details provided are accurate:

Applicant's signature:	
Date:	

Please return this completed form to the school where you would like a place for your child.

Privacy and Data Protection

Your personal data is being used by the named school for the purposes of an application for admission to the nursery. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed at [\[school insert link to privacy statement\]](#). Please confirm that you give your consent to the school using your personal data as outlined in our privacy notice, by signing below.

Applicant's signature:	
Date:	

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact Mrs K Wright School Business Manager on 01822 616044 or by email kwright@tavistock-pri.devon.sch.uk. If you wish to exercise any of your rights under the General Data Protection Regulation, please contact the schools Data Protection Officer at 01822 61604 or at kwright@tavistock-pri.devon.sch.uk.

For school use only:		
<i>Evidence checked</i>	Date Seen/ NA	Follow up needed
DOB		
Adoption/SGO/CAO Order		
LAC		
PR consent given if required		
Social care or health professional evidence of exceptional need		
Private Fostering Arrangement		
FSM eligible		
2 yo funding eligible		
Working parent eligible for funding		
EHCP/Undergoing Assessment/Disability/ DLA		
Other Relevant Court Order/s		