

FOR OFFICE USE ONLY			
SP	<input type="checkbox"/>	Eligible Term	<input type="checkbox"/>
EMS	<input type="checkbox"/>	Booklet issued	<input type="checkbox"/>

FORM N1 NURSERY ADMISSION

BARNSELEY METROPOLITAN BOROUGH COUNCIL

APPLICATION FOR ADMISSION TO A NURSERY UNIT

NOT TO BE USED ON BEHALF OF ANY CHILD UNDER 2 YEARS OF AGE

This form is to enable parents to apply for their child's admission to a **nursery class attached to a primary school only** and should be completed on behalf of the child and sent to The Admissions Officer, People Directorate, PO Box 634, Barnsley S70 9GG. For any setting other than a school nursery please contact them directly for an application form.

I APPLY FOR MY CHILD TO ATTEND

_____ Nursery

DETAILS OF THE CHILD (capital letters please)

Forename(s) _____ Surname _____

Address _____

_____ Post Code _____

Date of Birth _____ Male/Female

Name of pre school provision/nursery the child is currently attending: _____

PREFERENCE FOR SESSION

Please indicate which session you would prefer your child to attend

Parents need to be aware that some Nurseries may not offer a choice of session to parents.

☐ morning ☐ afternoon ☐ either

(please tick appropriate box)

DETAILS OF APPLICANT:

Full Name: Mr/Mrs/Miss/Ms _____

Home Tel No: _____ Daytime Tel No: _____

Mobile No: _____

Email: _____

Address: _____

(only if different
from above)

_____ Post Code _____

Mother/Father/Guardian*/Other – please specify _____

***If Guardian, please supply proof of Guardianship at time of application**

PLEASE TURN OVER AND COMPLETE OTHER SIDE

PARENTS/GUARDIANS SHOULD NOTE THAT

If you are submitting a second nursery application form you are notifying the Authority to disregard your original form. However, the Authority recognises that there may be circumstances under which you would wish your child's name to be placed on more than one waiting list.

1) If you wish your child's name to also remain on the waiting list for the nursery you originally applied for

please tick this box:

☐

If you have ticked this box, please also answer 2) below

2) *Only to be answered if you have ticked the box in 1) above.* Please indicate whether this application is for your first or second preference nursery by placing a tick in the appropriate box

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In the event of accepting a place for my child at a nursery unit attached to a primary school, I understand that, attendance at the nursery unit or co-located Children's Centre **does not guarantee that my child can continue into that School for full-time education.** It will be necessary for me to make an application for a place in the school of my preference at the appropriate time, which will be considered in the light of the Authority's admission policy.

I certify that the information on this form is correct. I confirm that all other persons with parental responsibility have been contacted and have agreed to the transfer request. I also confirm that to my knowledge, there are no applications before the county/magistrates courts by a parent, someone claiming to be a parent etc, disputing the child's residence or which school they attend.

Signed _____ person with parental responsibility

Date _____

Please note: The information you provide may be passed to other local or Central Government departments or agencies in relation to the prevention and detection of fraud.