

Expression of Interest Form for Nursery

The Nursery Admission Policy and Admissions Criteria* can be found on the school's website.

A paper copy can also be requested from the School Office.

ADDRESS (if different to above):

Day time contact number:

Email address:

| Preferre | d Start Da | īte: | | | Child's Name: | | | | |
|---|---------------------------|------------------------|----------------------------|---------------------------------------|---|----------------|-----------------------------|--------------|---------------------------|
| Date of Birth : | | | | | Gender: | | | | |
| Home Address: | | | | | First Language : | | | | |
| Postcod | | | | | | | | | |
| Does your child currently attend a Nursery? Yes/No Do you give permission for us to contact them? Yes / No | | | | | Please provide contact details : | | | | |
| | | ave any ac us aware | | needs that | Has your child had a referral made to any external agencies or are there any other professionals currently working with your child? | | | | |
| Please co | | table belo | | ne which Nurs and Afternoon | | | | | |
| Monday am | Monday pm | Tuesday am | Tuesday pm | Wednesday am | Wednesday pm | Thursday am | Thursday pm | Friday am | Friday pm |
| | | | | elow to outlin | | | | require: | |
| Monday am | Monday (5pm or 6pm) | Tuesday am | Tuesday (5pm or 6pm) | Wednesday am | Wednesday (5pm or 6pm) | Thursday am | Thursday (5pm or 6pm) | Friday am | Friday (5pm or 6pm) |
| | | | | | | | | | |
| Contact f | or Admiss | sions | | | | | | | |
| | | | | | | | | | |

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Should Nursery be oversubscribed this form will play a vital role in determining the order of priority for admission by placing your child(ren) in one of our Admissions Criteria.

Our full list of admissions criteria is listed below.

- 1. Looked After Children (children in public care)
- 2. In order of date of birth
- 3. Children who have siblings* at Trinity St. Peter's School at the time of admission
- 4. Children and parents/grandparents who worship regularly at Holy Trinity or St. Peter's Parish Churches (regular is defined as at least once a month)*
- 5. Children and parents/grandparents who worship regularly at other Christian Churches
- 6. Children whose parents wish a Christian based education
- 7. Children who live closest to the main entrance of the school as measured via the safest walking route

*Regular attendance is deemed to be **at least monthly for the past 12 months**. (Attendance at St. Peter's WOW Service will count towards this requirement)

*Siblings. This includes half-brothers and sisters, step-brothers and sisters living in the same house.

*Church – members of Churches Together in Britain and Ireland.

*Parents will be asked to provide a letter from a member of the clergy or faith leadership team to substantiate their Church allegiance for criteria 4 and 5.

| I/We seek admission on criteria number(s): | |
|--|--|
| | |

By making this application, I fully understand that in accordance with current Government legislation, that if my child can be offered a place at the Nursery, attendance at the school Nursery **does not guarantee my child's admission to the school.** I understand that I have to apply <u>separately for admission to Reception</u> on the official Sefton Council Admission to Primary School form, available in the September twelve months before my child is due to start school the following September. The school's Admission Criteria for Reception class can be found on the school's website.

| Signed: | Date: |
|---------|-------|
| | |

Thank you for registering your interest in our school nursery. Once you have returned the form, school will be in contact to discuss your requirements further and to confirm session availability.

This form can be returned direct to the School Office or emailed to adminsupport@tsp.allsaintsmat.org