

<u>Oreston Community Academy Nursery Admissions</u> <u>Application Form 2024-2025</u>

The Nursery Admissions Officer Oreston Community Academy

Please complete this form if you would like your child to attend Oreston Community Academy Nursery during 2024-2025. You should return the form as soon as possible to:

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| k F | please delete as appropriate | | | | | | |
| | Full Name of child: | | | | | | |
| | Date of birth: | // | Male / Female* | | | | |
| | Home address (this must be the address where your child is normally resident. Evidence address may be required) | | | | | | |
| | Post code: | | | | | | |
| | Does this child have a brothe Academy? | other or sister attending | If Yes, please give details of the name and date of birth | | | | |
| | Yes / No* | | | | | | |
| | When would you like this | child to be admitted? | // | | | | |
| | | | to meet any special needs your child may have ther or not a place can be made available) | | | | |
| | Does your child have any additional needs: | | | | | | |
| | Your name: Mr / Mrs / Ms | / Miss / Dr / other* | Relation to the child: | | | | |
| | Your address (if different address) | to the child's | Post code: | | | | |

| n Session nn-12pm | | | | | | |
|--|--------|---|------------------------------|------------------------------|----------------|--|
| | | | | , | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | |
| | | you would prefer b f three sessions pe | | ropriate box, we re | quest that you | |
| Yes / No* | | | | | | |
| Is there a court order in relation to this child? | | If Yes, please | If Yes, please give details: | | | |
| Yes / No* | | | | | | |
| Is there another person or body who may legally object to this application? | | | illy If Yes, please | If Yes, please give details: | | |
| Yes / No* | | | | | | |
| (If you do not have parental responsibility, you cannot apply for admission) | | | | | | |
| • | | sibility for the child | | | | |
| Your email address | | | | | | |
| Daytime telephone number | | | | | | |

You are able to split your 30 hours funding across different setting including at our Lighthouse Club. Please indicate if you would like to use any Lighthouse Club sessions.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|--------|---------|-----------|----------|--------|
| Am Sessions | | | | | |
| Pm sessions | | | | | |

I confirm that the details in this application are accurate.

Data Protection

The Information collected on this form will be processed and stored electronically by Oreston Community Academy in compliance with the UK Data Protection Act. The Data will be shared with agents of the academy where this is necessary to process the application on behalf of the academy and may be shared with Plymouth City Council, but only for administrative or other service provision purposes and Government Departments where there is a Legal requirement to do so. Should the information given be found to be fraudulent then the offer of a Nursery place can be withdrawn. If you would like further information about Data Protection please contact the Academy. By signing and returning this form you acknowledge that you have read, understand and agree to this data processing.

| Signature: | Date: |
|------------|-------|
| | // |