

FOR OFFICE USE ONLY

HW

  

Eligible Term

  

EMS

Booklet issued

FORM N1  
NURSERY ADMISSION

**SPRINGVALE SCHOOL NURSERY:**

Please print this form, complete it and scan and email back to [d.parker@barnsley.org](mailto:d.parker@barnsley.org) or post it.  
If you are unable to scan and/or email please telephone and we will post you a form.  
You are also always welcome to call in to school for the form.

**BARNSELY 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, Directorate for Children, Young People and Families, 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)

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

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: \_\_\_\_\_

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

1

2

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.**