Application for Admission to Two Gates Nursery Setting

Before completing this form, you should read the nursery admission arrangements provided on our website at www.twogates.staffs.sch.uk. You should complete and return your application form to the school by Friday 4th March 2022.

CHILD'S DETAILS							
Child's Legal Surname	e:			Date of Birth:			
Child's Legal First Na	me:			Male:	Female:		
Full Postal Address: (including postcode)							
(including postcode)	NB: it is you	ur responsibility t	o advise us in	nmediately if these	e details change.		
	-				7		
Is your child a twin of	triplet, etc	(one of multiple	birth)? Ye	es No L			
If yes, please provide	the names	of related appl	ications:				
				Please tick each	box as appropriate	Yes	No
Is this child in the care	of a local	authority?		i lease tick each	гоох аз арргорнате		
Has the child previous							
(or become subject to care?) If 'Yes' to eith						/ conta	 ct
details in the box be		bove, piease p	orovide ood	iai Worker and	Local Additionity	Conta	J L
Does this child have a	ın Educatio	on, Health and (Care Plan (E	HCP)			
						Yes	No
	D 010755	DETAIL 0 / 1					
ELDER BROTHER O	RSISTER	DETAILS (who	ere applical	ole)			
Name of elder				Data (Did			
brother or sister				Date of Birth			
It is important that you read							to
attach any additional evide	nce to suppo	rt your application	if it is relevant	and requested in th	e admissions criteria	l .	
If there are any personal ci the box and we will arrange			eference that y	ou are not happy to	disclose on this forr	n, please	tick
DETAILS OF PERSO	N COMPI	FTING THIS F	ORM				
			7				
Surname:				te title Mr / Mrs / M	liss / Ms		
First Name:							
Relationship to Child:							
Contact Number:							
Email Address							