**Documents to be accompanied with the completed application form.**

Enclosed/sight of an original utility bill received within the last two months as proof of address.

Enclosed/sight of proof of Date of Birth.

Enclosed supporting evidence, if applicable (e.g. a letter from the family doctor/hospital consultant in support of any medical or social priority request).

|  |  |
| --- | --- |
| Preferred start term and year |  |

**CHILD’S PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Date of Birth |  |

**CONTACT DETAILS (Priority 1)**

|  |  |
| --- | --- |
| Title | Mr / Mrs / Miss / Ms / Other |
| Forename |  |
| Surname |  |
| Relationship to child |  |
| Do you have parental responsibility? |  |
| Address | Postcode |
| Are you registered for Council Tax at this address? | Yes / No |
| Home Telephone |  |
| Mobile Telephone |  |
| Work Telephone |  |
| Email |  |

**CONTACT DETAILS (Priority 2)**

|  |  |
| --- | --- |
| Title | Mr / Mrs / Miss / Ms / Other |
| Forename |  |
| Surname |  |
| Relationship to child |  |
| Do you have parental responsibility? |  |
| Address | Postcode |
| Are you registered for Council Tax at this address? | Yes / No |
| Home Telephone |  |
| Mobile Telephone |  |
| Work Telephone |  |
| Email |  |

**CONTACT DETAILS (Priority 3)**

|  |  |
| --- | --- |
| Title | Mr / Mrs / Miss / Ms / Other |
| Forename |  |
| Surname |  |
| Relationship to child |  |
| Do you have parental responsibility? |  |
| Address | Postcode |
| Are you registered for Council Tax at this address? | Yes / No |
| Home Telephone |  |
| Mobile Telephone |  |
| Work Telephone |  |
| Email |  |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Is there a sibling on role in this nursery or at this academy? | Yes / No  Name of sibling(s): |
| Is there an exceptional social or medical need for a place at this nursery? |  |
| If yes, give details below. It is YOUR responsibility to provide evidence from a relevant professional in support of this: | |
| Does your child have an Education. Health and Care Plan? | Yes / No |
| Is your child in Local Authority care or adopted after being in care or became subject to an adoption, residence, or special guardianship order? | Yes / No  *If yes, please give contact details for the Local Authority:* |
| Is there a court order in relation to this child? | Yes / No |
| Is anyone who has parental responsibility for your child a UK Service Personnel? | Yes / No |
| Is your child attending any playgroup or pre-school? | Yes / No  *My child attends:* |
| Does your child have any known allergies? | Yes / No  If yes, please give details: |

**SESSION PREFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tick session preferences \*Depending on availability** | | | |
|  | **9am – 12pm** | **9am – 1pm** | **9am – 3pm** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| I am applying for …………………………hours as part of my free 2 year old 15 hour childcare. Please attach a copy of your funding confirmation.  AND / OR  I would like to apply for …………………………hours and agree to pay the charges for these. Currently £5.00 per hour. | | | |

**USE OF DIGITAL / VIDEO IMAGES**

To comply with Data Protection law (including the General Data Protection Regulation and associated legislation), we are required to obtain your consent so that we may take and use photographs and video recordings of your child.

Photography and videography may be used at the Learning Academy Partnership (SW) for the purposes set out below. Only images of children in suitable dress will be recorded and shared. Staff are not allowed to take photographs or videos on their personal equipment.

When sharing photographs with external third parties we will endeavour to:

* avoid providing the child’s name where the child’s image is shared;
* avoid providing the child’s images where the child’s name is shared;
* use only children’s first names, rather than their full names (except in exceptional circumstances where we may provide the first initial of their surname to distinguish them).

When sharing video recordings with external third parties we will endeavour to:

* avoid providing the children’s names within the video recording;
* avoid providing children’s full names in crediting of video recordings.

If we would like your child’s image linked to their name we would contact you separately for permission (for example, if your child won a competition and wanted to be named in press/literature).

**USE OF EMAIL / PHONE NUMBERS**

To comply with Data Protection law (including the General Data Protection Regulation and associated legislation), we are required to obtain your consent so that we may use your email address and/or mobile telephone number to contact you with updates and reminders from the school and the PTFA.

**PERMISSION FORM**

We would like your consent to take photos and videos of your child and use them in the ways described below, and to use your email address and/or mobile telephone number to contact you.  If you are not happy for us to do this, we will accommodate your preferences.

🗖 I agree that the school can take photographs/videos of my child

🗖 I agree that photos/videos of my child can be used on the school’s internal displays

🗖 I agree that photos/videos of my child can be used online (i.e. on the Trust/school websites, on social media sites such as Facebook and Twitter, in the school newsletters and on the Online Learning Diary)

🗖 I agree that photos/videos of my child can be used on promotional materials and in the local newspapers/magazines (i.e. posters, banners, press advertisements, etc.)

🗖 I agree that photos/videos of my child can be used once my child has left the school

🗖 I agree that my mobile telephone number and email address can be used for contact and reminders from the school and to keep me informed of events on behalf of the school and PTFA

🗖 I agree that my child’s first name can be used to create a class list for their class

Consent will be deemed to be valid unless and until your child leaves the school or the Trust receives notification in writing that the consent has changed.

You are free to withdraw your consent at any time. If you wish to withdraw your consent for any of the above activities, please contact the school office. If you have any other questions, please get in touch.

**YOUR DECLARTION AND SIGNATURE**

1. I understand that I am required to evidence proof of birthdate and evidence of address.
2. Application and attendance at the nursery does not guarantee a place in the reception class. An application must be made separately.
3. I confirm that the details I have provided are accurate.
4. I agree to tell the academy if there are any changes.
5. I understand that if there are no places available for my child his/her name will be entered onto a waiting list.
6. I will return this form to Lifton Community Academy, North Road, Lifton, Devon PL16 0EH or [lifton@lapsw.org](mailto:lifton@lapsw.org)

I understand and agree to the conditions set out in this document and I agree to the provider claiming free entitlement funding as agreed on behalf of my child. I also agree that the information provided can be shared with the local authority and Department for Education. I understand that if I have given false information on this form I may be asked to reimburse the provider.

|  |  |
| --- | --- |
| Parent / Carer/ Guardian with legal responsibility | |
| If entitled to 2 year funding provide your Unique Reference number and a copy of the letter. |  |
| If entitled to Tax-Free childcare please provide your Unique Reference number. |  |
| Signed |  |
| Print name |  |
| Date |  |

I, being a parent/guardian/person with parental responsibility for the child named understand that the school collects and uses certain types of personal information about pupils. The school is required by law to comply with statutory obligations related to education and associated functions and may be shared with other agencies for the prevention and detection of fraud and the protection of children. Personal information is dealt with properly and securely and in line with the General Data Protection Regulation (UK GDPR) and other related legislation. For further information, please see the fair processing Notice (Privacy Notice) which can be found on our website.

|  |  |
| --- | --- |
| For school use: | |
| Birth Certificate Number |  |
| Proof of Address |  |