Child’s name …………………………………………………………………………. Date of birth …………………………………………..

Address ………………………………………………………………………………………………………………………………………………………

Parent name ………………………………………………………………………… Tel no…………………………………………………………

Email address………………………………………………………………………………………………………………………………………………

Admissions criteria

1) In the care of the Local Authority (Looked after Child/ren) or provided with accommodation by them or children who were previously looked after but immediately after being looked after became subject to an adoption, residence, or special guardianship order.

2) Known by the LA to have additional educational needs/disability and whose needs can be best met at the preferred maintained nursery or a child that is currently subject to a child protection plan or child in need process or has an Early Help Plan in place.

3) A child with a long-term physical or mental impairment or who has a life limiting progressive condition, where the Directorate of People Children’s Services is satisfied that attendance at the preferred maintained nursery will meet the needs of the child’s condition rather than any other maintained nursery.

4) Children who will have an elder brother/sister, half-brother/sister or step brother/sister attending the school/nursery at the requested time of entry. Children must reside at the same home address during the school week.

5) Any remaining places will be filled according to those children who live closest to the preferred maintained nursery. Distances will be calculated in a straight-line from the home address to the main entrance of the school’s nursery class. In all cases priority will be given to children who will enter primary school in the following academic year over children who will enter primary school in the next academic year.

*The full admissions policy for community and voluntary controlled maintained nursery schools can be read at:* [*https://www.dudley.gov.uk/residents/learning-and-school/school-information/school-admissions/*](about:blank)

Please provide the criteria you are using for your application (circle yes or no):

Looked after child YES / NO Adoption order YES / NO Residence order YES / NO

Special guardianship order YES / NO Additional educational needs YES / NO Disability YES / NO

Child protection plan YES / NO Child in need plan YES / NO Early help plan YES / NO

Long term physical or mental impairment YES / NO Life-limiting progressive condition YES / NO

*If you have answered YES to any of the above, please provide full details overleaf or by separate letter*.

Brother/sister, half-brother/sister or step brother sister currently attending Red Hall YES / NO

If YES, please provide their name(s) ……………………………………………………………………………………………………………

Is your preference for morning or afternoon sessions or 30 hours (if available) …………………………………………

Signed ……………………………………………………………………………………..… Date …………………………………………………….