



E:Mail: [admin@st-cecilias.wokingham.sch.uk](mailto:admin@st-cecilias.wokingham.sch.uk)

## APPLICATION FOR ADMISSION FOR 2023-2024

### DETAILS OF CHILD:

Surname: ..... Forenames: .....

Date of Birth: ..... Gender:  Male  Female

Address:

.....

.....

..... Postcode: .....

### NAME OF PARENT/CARER:

Title	Forename	Surname	Relationship to child	Daytime Tel. No.

Contact No: .....

E:mail: .....

**ADMISSION CRITERIA**

Please tick the box that is relevant to your application.

I am applying for my child to be admitted to St Cecilia’s Nursery under the following Category of the Admissions Policy:

Children with an Education Health and Care Plan (EHCP) or a Statement of Special Educational Needs naming St Cecilia’s Nursery

**Category One:** Looked-after children and children who were previously looked after, but ceased to be so because, immediately after being looked after they became subject to an adoption, child arrangements or special guardianship order.

**Category Two:** Children living in one of the roads within the catchment.

**Category Three:** Children living in the Wokingham Borough, but not in a road within the catchment area.

**Category Four:** Other reason (*Please state reason*).....

**Please state whether application is for 15 hours per week or 30 hours per week.....**

**PLEASE NOTE:**

- If applying for 15 hours per week we cannot guarantee which session is offered. However, if you have a preference for either a morning or afternoon place, please set out the reasons in a separate letter and attach the letter to this form.
- Children who gain a place at the Nursery will **NOT** automatically gain a place at St Cecilia’s C.E. Primary School.
- **The right is reserved to verify any of the information given on this form and to the entitlement to the number of free hours applied for.**

**DECLARATION:**

I have read the St Cecilia’s Nursery Admissions Policy. I confirm that the information I have given is correct and that my child is entitled to free childcare in respect of the hours for which I have applied.

Signed: .....(Parent/Carer)

Date: .....

***Please return this form to TO BE ADDED or  
The Keys Academy Trust PO Box 3168, Church Road, Earley, Reading, RG6 9TR***