Loders CE Primary Academy

Nursery Application Form

September 1st, 2026 – August 31st, 2027

This form should be read in conjunction with our **Schools Nursery Admissions Policy**. This application form can be downloaded from our school website or please contact the school office if you would like a hard copy. If you cannot attach evidence to this application, you can bring it to the school office to be checked instead.

Before completing your application, check what funding your child can get:

Childs age	Use this link to see if you get it	Type of funding
3 & 4 year olds	Childcare Checker	**The universal entitlement** 15 hours childcare for all families
9 months to starting school		**The working entitlement** You will get an 11-digit code if eligible 30 hours childcare for eligible working families
2- 3 year olds		**Early Learning for 2 Year Olds (ELF2)** Check and apply here: Citizens Portal 15 hours early learning for families
Any age 0-4	Ask school for an application form	**Early Years Pupil Premium** Only apply for a child if they ✓ Are **in care** to another local authority (not Devon) or ✓ Have **left care** subject to an adoption, special guardianship or child arrangement order.

Any age 0-4	Ask school for an application form	**Disability Access Funding** This is a grant given each year to providers to help children with disabilities get the best support during their early education. You can apply to get disability access funding if your child receives Disability Living Allowance for children **and** one of the following: ✓ 15 hours free childcare for children aged 3 and 4 ✓ 15 hours funded education and childcare for 2 year olds if you get extra support ✓ 15 hours free childcare for children aged 9 months to 2 years of working parents

Section A: Details about your child

Forename(s):	
Last name/Family name:	
Home address with postcode: *Where the child normally lives. If you expect to move from this address before starting at the nursery, you must let us know as this may affect your application.*	
New address if moving, with postcode:	
Moving date:	
Date of birth:	
Which most accurately describes your child?	**Boy/ Girl/ I prefer not to say/ Let me type:**

Is your child in the Care of a Local Authority or was your child in the Care of a Local Authority before immediately being adopted or made the subject of a Child Arrangements Order (CAO) or a Special Guardianship Order (SGO)?	**No** **Yes** (Evidence attached / I will bring evidence to the office)
If yes, which Local Authority? **Please tell us the name and contact details of the supporting social worker or agency.**	**Local Authority:** **Social Worker/agency:** **Email:** **Phone Number:** (Evidence attached / I will bring evidence to the office)
Does your child have an Education, Health, and Care Plan (EHCP), is undergoing a statutory assessment, receive Disability Living Allowance or have a disability?	**No** **Yes** (Evidence attached / I will bring evidence to the office)
Is your child a multiple birth child – a twin or a triplet etc? Please complete a separate form for each child.	**No** **Yes**

Section B: Details about you

Forename(s):	
Last name/Family name:	
Home address and postcode (if different from your child's):	
Daytime telephone number:	
Email address:	

What is your relationship to this child?	eg. Mum, Dad, Foster Carer
Do you have parental responsibility (PR) for this child?	**No** (I have attached evidence that someone with PR is happy for me to make the application on their behalf.) **Yes**
Is this child subject to a private fostering arrangement?	**No** **Yes** (Evidence attached / I will bring evidence to the office)
Is there a court order in place that might affect this application?	**No** **Yes** (Evidence attached / I will bring evidence to the office)

Section C:

When would you like your child to start? You may be able to start immediately if you have moved into the area or if you have just become eligible for funding and we have places available.	☐ **Autumn Term (September)** ☐ **Spring Term (January)** ☐ **Summer Term (April)** ☐ **Immediately**
Do you believe there is an Exceptional Need for your child to attend this school and ONLY this school? *The need could be of the child, a parent or both.*	**No** **Yes** (Evidence from a social care or health professional is attached / I will bring evidence to the office)
Are you selecting this school because this is the child of a member of staff working there?	**No** **Yes** The member of staff is:
Do you believe this child is eligible for priority for this	**No**

nursery because you have another child at the school?	**Yes** Brother/sisters name: Brother/sisters date of birth: If you have more than one child at the school, please name the eldest.
Is the child eligible for Early Learning for 2-Year-Olds Funding (ELF2)?	**Yes** (Evidence attached / I will bring evidence to the office) **No** **I don't know**
Is the child eligible for a Free School Meal?	**Yes** (Evidence attached / I will bring evidence to the office) **No** **I don't know**
Is the child eligible for Early Years Pupil Premium funding?	**Yes** **No** **I don't know**
Is the child eligible for funding because you are a working parent?	**Yes** (Evidence attached/I will bring evidence to the office: please delete) **No** **Don't know.**
Do you want to split your funded entitlement between two different providers?	**Yes** **No** **I don't know**
Does your child already attend a childcare provider?	**Yes** **No**
If yes, which provider/s and will the child continue to attend	

that/those provisions if offered a place?	

State the times when you wish to attend. This will not impact on whether a place is available. Please choose from the sessions that we offer in the box below.

Our 'offer' is:	08:45 – 11:45	11:45 – 12:45	12:15 – 15:30	08:45 – 15:30
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Section D: Declaration and Signature

I understand I must inform the school if my child's circumstances change before admission.

- I understand that it is my responsibility to provide supporting evidence of eligibility for funding and priority admission for social or medical reasons if I was not able to attach it to this form.
- I understand that I must provide evidence of the child's date of birth and address.
- I have read or, had the opportunity to read, the schools nursery admissions policy.
- I understand that I can contact the school to resolve any queries throughout the application process.

I confirm that the details provided are accurate:

Applicant's signature:	
Date:	

Please return this completed form to the school where you would like a place for your child.

Privacy and Data Protection

Your personal data is being used by the school for the purposes of an application for admission to the nursery. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed here.

Please confirm that you give your consent to the school using your personal data as outlined in our privacy notice, by signing below.

Applicant's signature:	
Date:	

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact the school office on 01308 423418 or lodersoffice@acornacademy.org. If you wish to exercise any of your rights under the General Data Protection Regulation, please contact the schools Data Protection Officer at 0800 0862018 or at dpo@dataprotection.education

For school use only:		
Evidence checked	**Date Seen/ NA**	**Follow up needed**
DOB		
Adoption/SGO/CAO Order		
LAC		
PR consent given if required		
Social care or health professional evidence of exceptional need		
Private Fostering Arrangement		
FSM eligible		
ELF2 eligible		
Working parent eligible for funding		
EHCP/Undergoing Assessment/Disability/ DLA		
Other Relevant Court Order/s		