



APPLICATION FOR ADMISSION TO TINY TORRE

I would like my child to be considered for admission to the Early Years unit at Torre C of E Academy.

Childs First Name: Surname:

Date of Birth: Gender:

Childs Home Address:
.....
..... Postcode:

Parent / Guardian / Foster Carer (please circle one)

Title: Name: Surname:

Contact Number:

Email Address:

Please give information on the following, if applicable, so that the criteria of our admissions policy can be applied.

Sibling: The following older child of the same family unit and same household already attends Tiny Torre or Torre C of E Academy

Name of Child/ren:

Social or Medical Factors: These are factors relating to the child which I consider make admission to the nursery at this school particularly desirable

Brief detail:

(You must provide written evidence from a doctor/social worker. Health visitor and attach it to this form)

I have read and understood the criteria for determining priority order of place.

Signature of Parent/Guardian: Date: