



Brixington Primary Academy Nursery Application Form

2025 - 2026

This form should be read in conjunction with the **Schools Nursery Admissions Policy** [[insert link to that document on the school website](#)]. This application form can be downloaded from our school website or 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	15 hours childcare for all families	The universal entitlement
9 months to starting school	30 hours childcare for eligible working families	The working entitlement You will get an 11-digit code if eligible
2- 3 year olds	15 hours early learning for families	Targeted two-year-old funding Check and apply here: Citizens Portal

Any age	Citizens Portal	<p>Check and apply for Free School Meals</p> <p>IMPORTANT: If you are eligible your child must attend before and after the lunch time. This usually means all day. <i>Remember this when you choose your sessions.</i></p>
Any age	Ask school for an application form	<p>Early Years Pupil Premium</p> <p>Only apply for a child if they</p> <ul style="list-style-type: none"> ✓ 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	Ask school for an application form	<p>Disability Access Funding</p> <p>This is a grant given each year to providers to help children with disabilities get the best support during their early education.</p> <p>You can apply to get disability access funding if your child receives Disability Living Allowance for children and one of the following:</p> <ul style="list-style-type: none"> ✓ 15 hours free childcare for children aged 3 and 4 ✓ 15 hours free childcare for disadvantaged children aged 2 ✓ 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:	
<i>Where the child normally lives. If you expect to move from this address before starting at</i>	

<i>the nursery, you must let us know as this may affect your application.</i>	
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)

<p>Is your child a multiple birth child – a twin or a triplet etc?</p> <p>Please complete a separate form for each child.</p>	<p>No</p> <p>Yes</p>
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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?	<p>No (I have attached evidence that someone with PR is happy for me to make the application on their behalf.)</p> <p>Yes</p>
Is this child subject to a private fostering arrangement?	<p>No</p> <p>Yes</p> <p>(Evidence attached / I will bring evidence to the office)</p>
Is there a court order in place that might affect this application?	<p>No</p> <p>Yes</p> <p>(Evidence attached / I will bring evidence to the office)</p>

Section C:

<p>When would you like your child to start?</p> <p>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.</p>	<p><input type="checkbox"/> Autumn Term (September)</p> <p><input type="checkbox"/> Spring Term (January)</p> <p><input type="checkbox"/> Summer Term (April)</p> <p><input type="checkbox"/> Immediately</p>
<p>Do you believe there is an Exceptional Need for your child to attend this school and ONLY this school?</p> <p><i>The need could be of the child, a parent or both.</i></p>	<p>No</p> <p>Yes</p> <p>(Evidence from a social care or health professional is attached / I will bring evidence to the office)</p>
<p>Are you selecting this school because this is the child of a member of staff working there?</p>	<p>No</p> <p>Yes</p> <p>The member of staff is:</p>
<p>Do you believe this child is eligible for priority for this nursery because you have another child at the school?</p>	<p>No</p> <p>Yes</p> <p>Brother/sisters name:</p> <p>Brother/sisters date of birth:</p> <p>If you have more than one child at the school, please name the eldest.</p>
<p>Is the child eligible for Targeted Two-Year-Old Funding?</p>	<p>Yes</p> <p>(Evidence attached / I will bring evidence to the office)</p> <p>No</p> <p>I don't know</p>
<p>Is the child eligible for a Free School Meal?</p>	<p>Yes</p> <p>(Evidence attached / I will bring evidence to the office)</p>

	<p>No</p> <p>I don't know</p>
<p>Is the child eligible for Early Years Pupil Premium funding?</p>	<p>Yes</p> <p>No</p> <p>I don't know</p>
<p>Is the child eligible for funding because you are a working parent?</p>	<p>Yes</p> <p>(Evidence attached/I will bring evidence to the office)</p> <p>No</p> <p>Don't know.</p>
<p>Do you want to split your funded entitlement between two different providers?</p>	<p>Yes</p> <p>No</p> <p>I don't know</p>
<p>Does your child already attend a childcare provider?</p>	<p>Yes</p> <p>No</p>
<p>If yes, which provider/s and will the child continue to attend that/those provisions if offered a place?</p>	

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:	9am – 12 noon	12 noon – 3pm	9am – 3pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Section D: Declaration and Signature

Community and Voluntary Controlled schools can only prioritise applications according to the oversubscription criteria in the [Devon County Council Nursery Admissions Policy](#).

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 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.
- 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 01395 266997 or admin@brixington.devon.sch.uk. 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:		
<i>Evidence checked</i>	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		
2 yo funding eligible		
Working parent eligible for funding		
EHCP/Undergoing Assessment/Disability/ DLA		
Other Relevant Court Order/s		