

## Shinfield, Reading, RG2 9RA

**Telephone:** Reading (0118) 324 7218

Email: admissions@aldergrove.wokingham.sch.uk

## APPLICATION FOR ADMISSION for 2022-2023

DETAI	LS OF CHILD:				
Surname:			Forenames:		
Date of	ate of Birth:			Male	Female
Addres	s:				
				Postcode	2:
<u>NAME</u>	OF PARENT/CAR	ER:			
Title	Forename	Surname	Rela	ntionship to child	Daytime Tel. No.
			1		
Contact	t No:				
Email:					

## **ADMISSION CRITERIA**

Please tick the box	that is relevant to your application:				
I am applying for m Category of the Adı	y child to be admitted to Alder Grove Nursery under the following missions Policy:				
	ucation Health and Care Plan (EHCP) or a Statement of Special naming Alder Grove 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:	Residence in a road listed in the Policy				
Category Three:	Children living in the Wokingham Borough Council part of Shinfield Meadows (these are roads in the administrative area of Shinfield Meadows as listed by Shinfield Parish Council), but not in one of the roads listed within the catchment area.				
Category Four:	Other reason (Please state reason)				
Please state wheth	er application is for 15 hours per week or 30 hours per week				
PLEASE NOTE:					
However, if set out the Children wl	for 15 hours per week we cannot guarantee which session is offere f you have a preference for either a morning or afternoon place, planter and attach the letter to this form. The gain a place at the Nursery will <b>NOT</b> automatically gain a place at Primary school.	ease			
<ul> <li>The right is</li> </ul>	reserved to verify any of the information given on this form and it to the number of free hours applied for.	to the			
	er Grove Nursery Admissions Policy. I confirm that the information I that my child is entitled to free childcare in respect of the hours fo d.				
Signed:	(Parent/Carer)				

Please return this form to Alder Grove school office or email it to admissions@aldergrove.wokingham.sch.uk