#### Important

This application is for a place in the Brumble Bees Foundation Stage Unit only. Application for school place must be made to Devon County Council between 1 November and 15 January of the academic year before your child starts school.

## Section A - Details about your child

Forename(s)		Surname/Family Name			
Home Address This must be the address where the constants at Brumble Bees, you must let to necessary.					
	Date of Birth		Gender (M or F)		
		d after by a local authority? eferred to as 'being in care')	Yes / No		
If yes, which Local Authority?					
Does the child have a Statement of Special Educational Needs, is undergoing a Statutory assessment or have a disability?			Yes / No		
If yes, please give details					

## Section B - Details about you

Forename(s)	Surname/Family name
Home address (if different from your child's)	Postcode
	Telephone (home)
	Telephone (work)
	Telephone (mobile)
Email address	
Your relationship to the child in Section A	
Do you have parental responsibility for the child in Section A?	Yes / No

#### Data Protection

The Information collected on this form will be processed and stored by the school in compliance with the UK Data Protection Act. The Data may be shared with other areas of the County Council, but only for administrative or other service provision purposes and Government Departments where there is a Legal requirement to do so. Should the information given be found to be fraudulent then the offer of a nursery place can be withdrawn. If you would like further information about Data Protection please see: www.devon.gov.uk/data\_protection.htm or contact the Corporate Information Governance Team on 01392 384682. By signing and returning this form you acknowledge that you have read, understand and agree to this data—processing.

### Section C

Foundation Stage Unit where you wish to take the Early Years Entitlement and/or buy extra hours

Name of Foundatio	n Stage Unit: BRUMBLE BEES @ UMBERLEIGH ACADEMY	
Reasons for your pre	eference	
When would you like Autumn term (Septe		
Spring term (January Summer term (April		
State times when yo	ou wish to attend. This will not impact on whether a place is available.	
Monday		
uesday		
Wednesday		
hursday		
riday		
	Does the shild in Section A have a brother or sister attending this school.  Yes / No	
	Does the child in Section A have a brother or sister attending this school  or the adjoining junior school? (if yes, please complete section below)	
Name of child	Date of Birth	
	Do you want to split your entitlement between 2 different providers  Yes / No	
For information on	available hours and the ages of children that can attend, please contact	

admin@umberleigh-primary.devon.sch.uk or phone (01769) 540362

Section C

# You may wish to seek the support of health or social care professionals. Applicant's signature Relationship to child Date