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| **APPLEGARTH ACADEMY**  **CATEGORY 4 (ELIGIBLE CHILDREN WHO ATTEND THE ACADEMY’S NURSERY) FORM** |
| This form is to be completed by the parents of children who fall into Category 4, namely children who attend the on-site nursery run by Applegarth Academy (“the Academy”) and are eligible for Early Years Pupil Premium, and submitted by the application deadline. Failure to do so will result in the child being placed into the next category that applies.  The criteria for Category 4 are:  Eligible Children who attend Applegarth Academy Nursery  Children who attend Applegarth Academy Nursery (“the Nursery”) and are eligible for Early Years Pupil Premium (“EYPP”) at the application deadline will be allocated places in this category by reference to the distance the child lives from the Academy, with those living nearest receiving higher priority.  Eligibility criteria for EYPP are published online by the government and are subject to change. At the time of developing this policy, eligibility is based on receipt of specified State benefits which mirror those for Free School Meals from Year 3, however this may change before the application deadline. The reference to “eligible” in this policy means eligible at the application deadline, under government criteria published at that time. Looked after and previously looked after children are also currently eligible for EYPP, however these children will always fall into Category 1 rather than this category.  **The same parent who completed the Common Application Form (“CAF”) must complete and sign this form.** |

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| **PART A – CHILD’S DETAILS** | |
| Child’s Surname: |  |
| Child’s Forename(s): |  |
| Child’s Date of Birth: |  |
| Child’s Main Home Address:  (as defined in the Admission Policy) |  |

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| **PART B – APPLICATION DETAILS** | | | |
| Will the child attend Applegarth Academy Nursery at the application deadline? | | | |
| Yes: |  | No: |  |
| Is the child eligible for Early Years Pupil Premium at the application deadline? | | | |
| Yes: |  | No: |  |
| **Please note that checks will be made to confirm that the child attends Applegarth Academy Nursery and is eligible for Early Years Pupil Premium.** | | | |

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| **PART C – PARENT’S SIGNATURE** | |
| **I certify that the information provided in this form is true and accurate, to the best of my knowledge and belief:** | |
| Signed: |  |
| Print Name: |  |
| Date: |  |