**Thank you for expressing an interest in a nursery place at St Michael’s C of E Academy.** Please ensure you complete this form fully so that we have sufficient information to contact you once the application process opens.

Please be aware that this form only notifies the academy that you are looking for a place for your child and will not be the final application.

**CHILD’S PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Date of Birth |  |
| Gender | Male / Female |
| Please indicate your interest | Nursery |
| Please state why you chose this academy |  |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Title | Mr / Mrs / Miss / Ms / Other |
| Forename |  |
| Surname |  |
| Relationship to child |  |
| Does this person have parental responsibility | Yes / No |
| Address  Postcode | |
| Telephone numbers: | |
| Home |  |
| Mobile |  |
| Email |  |

**Please remember to advise us of any change to your address or telephone numbers.**

Please return this completed form to: [stmichaels@lapsw.org](mailto:stmichaels@lapsw.org) or post to St Michael’s C of E Academy, Conway Road, Paignton, TQ4 5LH.

*All information supplied is subject to General Data Protection Regulations 2018.*