



The Northumberland Church of England Academy

Admissions Procedure for NCEA Early Years Centres

NCEA Early Years Centres Admissions

Admission into the Academy Early Years Centres is direct to the Academy. Children aged two and three are eligible to be admitted to the Academy's Early Years Centres.

Parents should complete a NCEA Early Years Centres Expression of interest form (Appendix A). If a place is available parents must complete a NCEA Early Years Centres admission form (Appendix B) and return it to either the location of the NCEA Early Years Centres provision or the Academy Registrar at the Robert Stephenson Campus.

Places will be allocated on first come first served basis. If there are no places available at the preferred campus and there are places at another campus parents will be offered a place at another campus or they can opt to be put on a waiting list.

Waiting Lists

Unsuccessful applications for a place at The Northumberland Church of England Academy will, if requested, be placed on our waiting list. The waiting list will be organised in birth date order with the oldest at the top. When a child is added to the list, the list will be ranked again in line with birth date order with the oldest at the top. Parents should notify the Academy that they wish to be held on this list and will be contacted directly a place is available.

Appendix A – NCEA Early Years Centres Expression of Interest Form



The Northumberland Church of England Academy

**Early Years Centre
Expression of Interest Form**

| | |
|----------------------------------|-----------------|
| Office Use Only | |
| Admission | |
| Campus..... | |
| Spreadsheet.....Emailed EYC..... | |
| | Emailed MB..... |

Please note that a child cannot be considered for admission until the term following his/her second birthday. If wish to be considered for a free funded place then an eligibility letter from Northumberland County Council must be provided before admission.

Pupil Information

| | | |
|-----------|----------|------|
| Forename: | Surname: | DOB: |
|-----------|----------|------|

Campus Choice

Please tick one option

(Whilst the Academy will try to ensure that you receive your preferred session choice this cannot be guaranteed)

| | | |
|---------------------------|-------------------------------|-----------------------------------|
| Lynemouth 8.30 – 11.30 | Thomas Bewick 8.30 – 11.30 | Robert Stephenson 8.30 – 11.30 |
| | Thomas Bewick 12.30 – 3.30 | Robert Stephenson 12.30 – 3.30 |

| Free Place | Paid Place | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------|------------|--------|---------|-----------|----------|--------|
| | | | | | | |

Please tick if you are entitled to a Free Place, if applying for a paid place please indicate which sessions you would like to access the provision. (minimum of 3 sessions per week)

Parents / Guardian Information – contact information

| |
|-------------|
| Name: |
| Address: |
| Postcode: |
| Tel Number: |

Signed: _____ Date _____

Please return this form to:, Admissions Registrar, Robert Stephenson Campus, Ashington, Northumberland, NE63 9TA

Appendix B – NCEA Early Years Centres Admission Form



The Northumberland Church of England Academy

Early Years Centre Admission Form

Please note that a child cannot be considered for admission until the term following his/her second birthday, and a place may not be available until the September following his/her 2nd birthday.

Pupil Information

Forename(s): Surname: D.O.B.:.....

Session choice

Please tick one of the options

| | | |
|---|---|---|
| Lynemouth 8.30 – 11.30 | Thomas Bewick 8.30 – 11.30 | Robert Stephenson 8.30 – 11.30 |
| | Thomas Bewick 12.30 – 3.30 | Robert Stephenson 12.30 – 3.30 |

(Whilst the Academy will try to ensure that you receive your preferred session choice this cannot be guaranteed)

Parent Claiming funding contact information

Parent / Guardian Contact Information

Surname:

Surname:

Forename:

Forename:

Date of Birth:

Home Address:.....

National Insurance Number:.....

.....

Home Address:.....

Home Tel No:.....

.....

Mobile Tel No:.....

Home Tel No:

Work Tel No:.....

Mobile Tel No:

Work Tel No:.....

Brothers / Sisters in the Academy

Name:.....

Campus:

Name:

Campus:

Parental Responsibility Y/N

Parental Responsibility Y/N

Emergency Contacts (Do not leave blank. This must **not** be parents)

Surname: Surname:

Forename: Forename:

Home Address:..... Home Address:.....
.....

Home Tel No: Home Tel No:.....

Mobile Tel No: Mobile Tel No:.....

Order of preference for contacting:

Medical Information (Please state any illness or medical information that you feel the Academy should know of)

.....
.....
.....

Which Nursery do you intend to send your child to after their 3rd birthday:.....

(Please note that a child cannot be considered for admission to Nursery Setting until the term following his/her third birthday)

Does your child have a statement of special educational needs:

Does your child currently receive speech and language therapy:

Any other services or professional involvement :.....

Emergency consent: In the case of an emergency whilst your child is at school it is important that we have consent to seek medical assistance should we be unable to contact a family member e.g. Take your child to a GP or call for ambulance assistance. It is unlikely that we will ever need this but it is essential for your child's safety. I give my consent Yes No

GP / Practice Name: Tel No:

Health Visitor :..... Tel No:.....

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Education Authority and with the DfES.

Signature: Date:

Please return this form to the Early Years Team.