

Shinfield, Reading, RG2 9RA

Telephone: Reading (0118) 324 7218

Email: admissions@aldergrove.wokingham.sch.uk

APPLICATION FOR ADMISSION FOR 2025-2026

DETAIL	S OF CHILD:				
Surname:			Forenames:		
Date of Birth:			Gender:	Male	Female
Address	s:				
				Postcode	:
	<i>-</i>				
NAME	OF PARENT/CARE	<u>ER:</u>			
Title	Forename	Surname	Rela	ationship to child	Daytime Tel. No.
Contact	· No·				
Contact					
Email:					

ADMISSION CRITERIA

Please tick the box	that is relevant to your application:	
I am applying for m Category of the Ad	ny child to be admitted to Alder Grove Nursery under the following Imissions Policy:	
	ducation 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:	Children who have a sibling on roll at the school at the time of application or whose parent has accepted an offer of a place at the school and who is expected still to be attending at the time of entischool.	
Category Three:	Children living in one of the roads within the catchment	
Category Four:	Children living in the Wokingham Borough, but not in one of the roads listed within the catchment area.	
Category Five:	Any other children whose parent/carer wishes them to attend Alder Grove Nursery.	
Other reason (<i>Plea</i>	se state reason)	
		····
Please state whether	r application is for 15 hours per week or 30 hours per week	
PLEASE NOTE:		
However, i	for 15 hours per week we cannot guarantee which session is offered if you have a preference for either a morning or afternoon place, pled reasons in a separate letter and attach the letter to this form.	
	ho gain a place at the Nursery will NOT automatically gain a place at Primary school.	Alder
	s reserved to verify any of the information given on this form and t nt to the number of free hours applied for.	o the
DECLARATION:		
I have read the Ald	er Grove Nursery Admissions Policy. I confirm that the information of that my child is entitled to free childcare in respect of the hours for ed.	
Signed:	(Parent/Carer)	
Date:		

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