



NURSERY APPLICATION FORM

Please complete all details on this application form and return to school.

- 30 HR. Monday to Friday 9am till 3pm
- 15 HR. (Option 1) Monday, Tuesday 9-3pm, Wednesday 9.00 - 11.45am
- 15HR. (Option 2) Wednesday 12.15 - 3.00pm, Thursday, Friday 9-3pm

(Please circle your preference, preferences are not guaranteed)

The result of your application will be posted to you as soon as possible. (Due to the current situation)

CHILD'S DETAILS

Surname _____ Date of Birth _____

Forename _____

Address _____ Male/Female _____

Postcode _____ Home tel. no. _____

Please give details of any brothers or sisters who live at the same address.

Name of sibling/s and Date of Birth.....

Reasons why you want your child to go to this school

Does your child have an Education Health Care Plan?

Does your child have any special medical problems?
(You should attach a supporting document from your doctor)

Any other reasons, e.g. if you are moving house in the near
future.....

Parent/Guardian contact details

Name..... Relationship to child.....

Contact number.....

Email address.....

Declaration

All the information I have given on this form is correct. I understand that this information may be checked.

Signed..... Parent/Carer Date

If you deliberately give false information, we may withdraw our offer of a school place.