



HYNDBURN PARK PRIMARY SCHOOL NURSERY ADMISSION FORM

Child

First name _____

Last name _____

Date of birth _____

Age _____

Address 1 _____

Address 2 _____

Postcode _____

Telephone _____

Parent / carer 1

Name _____

Mobile _____

DoB _____

NI Number _____

Parent / carer 2

Name _____

Mobile _____

DoB _____

NI Number _____

Please give the name, relationship and telephone number of one other person – relative / friend / neighbour – who can be reached in the event of an emergency.

Name _____ Relationship _____

Contact number _____

Please tick below whether you would prefer a morning or afternoon place.

Morning

Afternoon

Will your child be coming to Hyndburn Park Primary School after nursery?

Have you any other children at Hyndburn Park?

Name _____ Class _____

Name _____ Class _____

Parent / Carer Print Name

_____ Date _____

DREAM, BELIEVE, ACHIEVE

Name of your doctor _____

Address _____

Telephone _____

Is there anything else you need to tell us about, for example medical needs, allergies, special educational needs?

Thank you.

If you think of anything else later, please let us know.



Please email a copy of the completed form to

p.wright@hyndburnpark.lancs.sch.uk

or hand back the completed form to the office.