



Nursery Waiting List Application Form

Childs Details

| | | | |
|--|--|-----------------|--------------|
| First Name(s) | | | |
| Surname | | | |
| Date of Birth | | Gender | M / F |
| Address | | | |
| | | | |
| Looked After Child by Local Authority? | | Yes / NO | |
| Does your child have any special educational needs? | | Yes / NO | |
| Any siblings already attending Ashlands? | | Yes / NO | |
| Where did you hear about Ashlands Nursery? | | | |
| | | | |
| Name of parent / guardian | | | |
| Relationship to child | | | |
| | | | |
| Home phone number | | | |
| Mobile | | | |
| Signature | | | |
| | | | |

**Please return this form to Ashlands Primary School, Leeds Road, Ilkley,
LS29 8JY.**

**Completing this form does not guarantee a place in Ashlands nursery or a
place in Ashlands Primary School.**