

Drighlington Primary School  
Moorland Road  
Drighlington  
Bradford BD11 1JY

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info@drighlingtonprimary.org.uk



## Application for Admission to Nursery

Child's Name: ..... DOB.....

Child's chosen name (if different to forename eg Jacob / Jake) .....

Child's Address .....

.....

.....

Postcode .....

Adults who have parental responsibility:

1..... relationship to child .....

2..... relationship to child .....

3. .... relationship to child .....

Day time telephone number (for school to use as the main contact) .....

**Session preferred: (please tick morning or afternoon)**

**morning 8.45am- 11.45am [ ] afternoon 12.15pm- 3.15pm [ ]**

I have selected a morning or afternoon place but would be interested in a **flexible** arrangement i.e. 2 ½ days at the start or end of the week [ ]

(limited places are available for this provision)

I have selected a morning or afternoon place but would be interested in an **30-hour** arrangement i.e. 5 days per week [ ]

(limited places are available for this provision)

Names and dates of birth of other children in the household:

(Please record their relationship to the child applying for a Nursery place)

**Please provide additional information on the other side of this application form.**

*Nurturing, Supporting, believing, achieving!*

Please indicate whether the child has/is any of the following. Please tick all boxes that apply or mark 'None of the above':

Living in vulnerable accommodation or homeless

Traveller Child

Asylum Seeker/ Refugee

Looked After Child

Statement of SEN

Special Needs requiring special support

A disability/ serious medical condition

Behaviour causes concern

Known to the police or any other agencies:

Children and Young People's Social Care (Social Services)  
Courts, Police or Judiciary Involvement

I confirm that none of the above applies to this child

Please record any relevant medical information about the child

I/we confirm that the information given on this form is a full and accurate account of the child and that I/we are aware that the child will not automatically be entitled to a place in our Reception class at Drighlington Primary School.

Name..... Signature..... Date .....

**You must bring the child's Birth Certificate when you return this form to the Main Office.**

*Drighlington Primary School is committed to following Local Authority Guidelines on school admissions*

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### For School use only

Birth Certificate seen ..... signed..... date .....

Place offered by: telephone..... letter .....

Acceptance confirmed AM PM Flex 30-Hour (circle)

Invite to information meeting sent .....

Start Date.....

Age  SEN/CP  Sibling  Address  Choice within local authority  DOB

*Nurturing, Supporting, believing, achieving!*