

NURSERY APPLICATION FORM September 2019

ARDELEY ST LAWRENCE PRIMARY SCHOOL & NURSERY

PLEASE USE BLOCK CAPITALS

Parent/carer details

Title: _____ Forename _____ Family Name: _____

Address: _____

Email address: _____

Telephone numbers: _____

Daytime _____ Mobile _____ Evening _____

Child details

First name _____ Middle name _____ Family name _____

Date of Birth

Date: ____ Month: _____ Year: _____ Gender: female/male _____

Your relationship to the child: (eg. mother/father/carer/stepmother/father/ social worker)

Your child's permanent address (at time of application) _____

Address: _____

Special Educational Needs

Does your child have a Statement of Special Educational Needs? Yes/No: _____

At risk

Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence) Yes/No: _____

Children in Public Care (Children looked after)

Is your child in Public Care? Yes/No: _____

Social or medical reasons

A child/family who can demonstrate they have a particular medical or social need to go to the school. Please provide supporting evidence with this form. Yes/No: _____

If you have a sibling at this school, enter their name: _____

Tick the days you want your child to attend:

Monday Tuesday Wednesday Thursday Friday Every day

If you have any other requirements please enter it here

I confirm that the details above are correct to the best of my knowledge.

Signature of parent/carer: _____

OFFICE USE ONLY:

Date

Received: _____

