



City Community Learning Trust



**WOODHOUSE WEST PRIMARY SCHOOL  
COISLEY HILL  
SHEFFIELD  
S13 7BP**



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Website: [www.woodhousewest.org.uk](http://www.woodhousewest.org.uk)

Headteacher:  
Mrs Anne Marie Bailey  
Deputy Headteacher  
Dr Mike Bywaters  
Assistant Headteachers:  
Miss Megan Hill  
Mr Leigh Rimmer

**NURSERY APPLICATION FORM**

Childs name: .....

Childs Date of Birth: ..... Born full term?.....

Birth Certificate seen by staff member, signed: \_\_\_\_\_ Date: \_\_\_\_\_

Details verified Yes  No

Gender: Male:  Female:  (please tick appropriate box)

Home language(s) .....

Ethnicity ..... Religion .....

**Name and Address of Child and Primary Parent/Carer**

Name of Parent/Carer: .....

Relationship to child: .....

PARENTAL RESPONSIBILITY\* YES:  NO:  (please tick appropriate box)

Address: .....

Postcode: .....

Home telephone: ..... Mobile.....

E-mail address .....

Does or did your child attend any of the following?

| Setting Type        | Setting Name, Location, Phone Number and Period of Attendance |
|---------------------|---|
| Playgroup           |   |
| Childminder         |   |
| Private Day Nursery |   |

|                                 |  |
|---------------------------------|--|
| Any Other Early Years provision |  |
|---------------------------------|--|

**Immunisations** (please tick appropriate boxes)

Are injections up to date including whooping cough and measles? Yes:  No:

Does your child have any allergies, medical conditions, taking prescribed medication, disability, behaviour, special dietary need, religious or personal needs, vision oral or speech problems etc.

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**Other Agencies**

| Agency/Professional | Name | Address | Phone Number |
|---------------------|------|---------|--------------|
| GP/Medical Centre   |      |         |              |
| Health Visitor      |      |         |              |
| Dentist             |      |         |              |
| Other Agency        |      |         |              |
| Other Agency        |      |         |              |

**Does your child have Special Needs?** Yes:  No:  (please tick appropriate box)

Diagnosed? .....

Please give details .....

**Do you wish your child to continue into main school?**

Registering your child for Nursery does not guarantee a place in Reception. An Application Pack will be sent to you from the local authority.

**Parent/Carers Signature**

(NB – this form can only be signed by someone with Parental Responsibility)

Signed: .....

Print Name: .....

Date: .....