**Nursery Initial Application**

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| **LEGAL SURNAME:** | **LEGAL FORENAME(S):** |
| **Preferred name (to be used at school)** |
| **Date of Birth:** | **Male:** | **Female:** |
| **Country of birth:**  | **Home language:** |
| **Address:** **Postcode:**  |

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| **MOTHER or Guardian full name: Miss/Ms/Mrs** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If guardian, state relationship to child:Home address (if different from above) Telephone:Mobile:Email address: Parental Responsibility: Yes No |  | **FATHER or Guardian full name: Mr/other****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If guardian, state relationship to child:Home address (if different from above)Telephone:MobileEmail address: Parental Responsibility: Yes No |

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| **Special Educational Needs (SEN)**If your child has a Statement of Special Educational Needs please give details:**Medical Needs:** |  | **Has your child been in contact with any of the following?**

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| Social worker | Yes |  | No |  |

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| Educational Psychologist | Yes |  | No |  |

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| Speech Therapist | Yes |  | No |  |

If yes, please give details: |

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| **Preferred sessions** (please circle): **Morning Afternoon Full day** (funded or paid for) Please note - allocation depends on availability |

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| **Are you interested in** (please circle): - Nursery for **3 – 4 year old** Yes No - **2 year old** (term after child becomes two) – Paid or Funded (Eligibility code required)  |

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**