**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:  Mobile  Email 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?**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Social worker | Yes |  | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Educational Psychologist | Yes |  | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**