

ST. MICHAEL'S C.E. (AIDED) PRIMARY SCHOOL



APPLICATION FOR A NURSERY PLACE

Name of Child: Surname _____ Other Names _____

Home Address:

_____ Post Code _____

Date of Birth _____ Gender _____

Religion _____ Home Language _____

CHILD'S LEGAL PARENT/GUARDIAN/CARER

Surname _____ Other Names _____

Relationship to Child _____

Address if different from above _____

Contact Nos: Home _____ Business _____ Mobile _____

e-mail address _____

| Names of other children | Date of Birth | School Attended (if appropriate) |
|-------------------------|---------------|----------------------------------|
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Does your child have a Statement of Special Educational Needs? Yes/No

If your child has special educational needs but does not have a statement, please describe those needs.

| | | | | | | | | | | | |
|--|---|--|------|--|------|--|------|--|-----|--|--|
| <p>Enhanced Nursery Provision 30 hrs.</p> <p>If you are already entitled to this provision please give relevant information:</p> | <p>I will be applying for 30 hrs. enhanced provision and will submit my code, together with my National Insurance Number, to the school once this is confirmed.</p> | | | | | | | | | | |
| <p>If possible I would like my child to attend the following sessions.</p> <p>I would like to consider paying top up fees where the provision will be exceeding my 15 hr. provision. [] please tick.</p> | Mon | | Tues | | Weds | | Thur | | Fri | | |
| | am | | am | | am | | am | | am | | |
| | pm | | pm | | pm | | pm | | pm | | |
| <p>Is your child presently receiving any nursery provision, if so, please state the name of the Nursery.</p> | | | | | | | | | | | |
| <p>Have you applied for a nursery place elsewhere? Please give details.</p> | | | | | | | | | | | |
| <p>Do you wish your child to attend St. Michael's School when he/she reaches statutory school age? If no, state your preferred school.</p> | | | | | | | | | | | |
| <p>Please give details of any other child care.</p> | | | | | | | | | | | |
| <p>Any other information you may wish to include in this application:</p> | | | | | | | | | | | |

Signed Date:

* Legal Parent/Guardian/Foster Parent/Carer * please delete

To be completed and returned to Mrs. A. Drayton, Headteacher, St. Michael's School