

**Application Form for Nursery Class**

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| First Name: | Surname: |
| Date of Birth | Boy/Girl: |
| Address:  Post Code: | Home Telephone Number: |
| Main Mobile Number: |

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| Email Address **(Please ensure this is correct as we may make offers to this email address.)** | |
| Mother/Guardian’s Name: | Mobile Number: |
| Father/Guardian’s Name | Mobile Number |
| Names of brothers and sisters and the schools they attend: | Schools: |

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| --- | --- |
| Language spoken at home: | Religion: |
| Ethnic Background: |  |

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| SAFEGUARDING  Are there any issues that we need to be aware of in order to safeguard your child in school? e.g ADOPTION ORDER, CARE ORDER, OTHER COURT ORDERS, CONTACT ISSUES, EDUCATIONAL HEALTH CARE PLAN (EHCP), ADOPTION SUPPORT PLANS, CHILD PROTECTION PLAN, RELEASING CHILDREN AT THE END OF THE SESSION/DAY?  (Please continue overleaf if necessary) |

***Please provide relevant, supporting documentation from professionals involved which you feel will support your application (e.g., Hospital, Doctor, Social Worker, Speech Therapist, Psychologist, Occupational Therapist etc.)***

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| Today’s Date: | Signature: |

**ALL INFORMATION ON THIS FORM IS KEPT STRICTLY CONFIDENTIAL**

**PROOF OF ADDRESS** -  *(please provide one of the following):*

* RECENT COUNCIL TAX BILL
* CHILD BENEFIT LETTER
* UTILITY BILL DATED WITHIN THE LAST 3 MONTHS

**PROOF OF CHILD’S DATE OF BIRTH -** *(please provide one of the following):*

* BIRTH CERTIFICATE
* PASSPORT