



PRIOR PARK PRIMARY SCHOOL  
NURSERY CLASS APPLICATION FORM

CHILD'S LEGAL SURNAME.....

PREFERRED SURNAME.....

CHILD'S LEGAL FORENAME.....

CHILD'S MIDDLE NAMES.....

MALE / FEMALE (Please delete)      DATE OF BIRTH.....

ADDRESS (including postcode)  
.....  
.....  
.....

TELEPHONE NUMBER.....

	PARENT / CARER 1	PARENT / CARER 2
NAME (Include title)	<input type="text"/>	<input type="text"/>
ADDRESS and POSTCODE	<input type="text"/>	<input type="text"/>
RELATIONSHIP TO CHILD	<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>	<input type="text"/>
OCCUPATION	<input type="text"/>	<input type="text"/>
PLACE OF EMPLOYMENT	<input type="text"/>	<input type="text"/>
WORK'S TELEPHONE	<input type="text"/>	<input type="text"/>

RELIGION		Please tick the appropriate choice.									
Christian		Buddhist		Hindu		Jewish		Muslim		No Religion	
Refused		Sikh		Other Religion							

NATIONALITY		Please tick the appropriate choice									
British		English		Scottish		Welsh		Irish		Refused	
Other (please state)											

ETHNICITY e.g. <b>White</b> British/Irish/Gypsy/Roma/other, <b>Asian</b> Indian/Pakistani/Bangladeshi, other				<b>Mixed</b>	<b>Black</b> Caribbean/African/other, <b>Chinese</b>

NAMES AND AGES OF OTHER CHILDREN IN THE HOUSEHOLD

.....

MEDICAL PRACTICE

.....

ADDRESS

.....

TELEPHONE NUMBER

.....

NAME OF YOUR CHILD'S HEALTH VISITOR.....

HAS YOUR CHILD HAD THEIR 2 YEAR CHECK BY THE HEALTH VISITOR? YES / NO

DO YOU GIVE PERMISSION FOR THE HEALTH VISITOR TO SHARE YOUR CHILD'S 2 YEAR CHECK WITH THE SCHOOL. YES / NO

DOES YOUR CHILD HAVE A SPECIFIC HEALTH PROBLEM, e.g. ASTHMA, EPILEPSY, DIABETES OR FOOD ALLERGIES?

.....

DOES YOUR CHILD HAVE A SPECIAL EDUCATIONAL NEED OR DISABILITY?

.....

OTHER PRE SCHOOL SETTINGS ATTENDED AND DATES

.....

FIRST HOME LANGUAGE.....SECOND HOME LANGUAGE (If Applicable)

.....

**30 HOUR EXTENDED ENTITLEMENT PROVISION**

I believe I will meet the criteria for 30 hours extended entitlement provision.

If eligible, I would like to receive the 30 hours extended entitlement during school term in:

5 daily sessions 8.50 am - 2.50 pm

*I declare that to the best of my knowledge the information given in this application is true and correct.*

**Signature**.....{ Parent / Guardian}

**Print Name**.....**Date**.....

