



1. Personal Details

William Morris Primary School Nursery Application Form 2020/2021



For September 2020 start: Children born between 1st September 2016 and 31st August 2017 For January/April 2021 start: Children born between 1st September 2017 and 31st March 2018

| <u>Child's Details</u> | | | | | | | |
|---|---------|--------|--------------------------------|---|---------|----------|--|
| Surname | | | Child's Legal Forenames | | | | |
| | | | Gender □ Male □ Female | | | | |
| Permanent Home Address | | | | | | Postcode | |
| Date of Birth | | | | Religion | | | |
| First Language | | | Ethnicity | | | | |
| Home Language | | | Country of Birth | | | | |
| English as a 2 nd Language: Yes □ No □ | | | Service Child: Yes □ No □ | | | | |
| Adopted Child: Yes □ No □ | | | Looked After Child: Yes 🗆 No 🗆 | | | | |
| Child's Legal Pa | rents/C | Carers | l | | | | |
| | | | ency C | ontact Details | | | |
| Name and Information of First Parent/Carer | | | | Name and Information of Second Parent/Carer | | | |
| Title | First N | lame | | Title | First N | st Name | |
| Surname | | | | Surname | | | |
| Address (inc postcode) 🔲 same as child | | | | Address (inc postcode) 🗆 same as child | | | |
| Relationship to Child | | | | Relationship to Child | | | |
| Contact Numbers | | | | Contact Numbers | | | |
| Work | | Mobile | | Work | | Mobile | |
| Home | | DOB | | Home | | DOB | |
| Email | | | | Email | | | |
| NI Number | | | | NI Number | | | |

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Additional Emergency Contact Details

| Additional Emergency contact bei | tans | | | | | | |
|---|----------------------------|------------------------|-----------------|---|--|--|--|
| Name of Additional Contact: | Relationship to the Child: | | Contact Number: | | | | |
| Name of Additional Contact: | Relationship to the Child: | | Contact Number: | | | | |
| 2. Special Educational Needs/Med | ical Needs | | | | | | |
| ☐ My child has a statement of Educational Needs (SEN) | Special | Please provide de | etails | | | | |
| ☐ My child has Special Educati | ional Needs but | Please provide de | etails | | | | |
| Does your child have any medica allergies that we should be awar | | Please provide details | | | | | |
| 3. Medical and Dietary Requirements Name of Registered Doctors Surgery | | | | | | | |
| Name of Doctor | | | | | | | |
| Telephone Number | | | | | | | |
| Allergies | | | | | | | |
| Dietary Requirements (e.g. vegetarian) | | | | | | | |
| Medication to be Kept in School | | | | | | | |
| Special Health Considerations | | | | - | | | |
| 3. Siblings Please tick all appropriate boxes and provide details: | | | | | | | |
| ☐ My child has a sibling at Will | | Child's Name | \neg | | | | |
| in y clinto has a sibility at with | 1101113 1 111116 | , эспоот | Oliita S Maille | | | | |
| ☐ My child has a sibling due to School | start at William N | Morris Primary | Child's Name | | | | |

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| 4. Places Required | | | | | | | | |
|--|--|---|---|--|--|--|--|--|
| Please state the place you would p | orefer: | | | | | | | |
| □ Nursery Class: morning session (8:30am - 11:30am) □ Nursery Class: afternoon session (12:20pm - 3:20pm) (Please note: We are unable to guarantee that we will be able to provide your preferred session. We will only make offers based on your child attending 5 morning or 5 afternoon sessions. Mixed sessions will not be available.) | | | | | | | | |
| | | | | | | | | |
| If you wish for your child to carry reform which can be collected from | | ler, then we mus | st have a signed request | | | | | |
| This section concerns local visits a | and your permission; | | | | | | | |
| I hereby give permission for my ch | nild to go on local visits and walk | ing/travelling to | a local activity. | | | | | |
| SIGNED: | DATE: | | | | | | | |
| I confirm that the information give the basis of false information may that I shall be responsible for all to punctual attendance at William Mo If you are offered a place you will of up to date proof of address. | be withdrawn, even if my child h ransport costs and arrangement orris Primary School's Nursery, if | nas started at the s to ensure my of f a place is offer | e nursery. I understand child's regular and ed. | | | | | |
| Print Name | Relationship to Child | | Date | | | | | |
| Signed | | | | | | | | |
| Please let us know how you heard | d about our Nursery: | | | | | | | |
| | | | | | | | | |

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