New Town Primary School

Application for Nursery



Please note that we accept children the term after they turn 3. Please return this form, along with proof of your child's ID (original) and we will make an offer of a place, subject to availability, once they become eligible.

| | Child's information | | | |
|---|---|---------------|----------------|-----------|
| Title: | First name: | | | |
| Surname: | | | | |
| S. C. Chent | | To | 1 24 | · - |
| Date of birth: | | Gender | M | F |
| Home address: | | <u> </u> | 1 | 1 |
| Postcode: | | | | |
| Does your child have a statemen | t of special educational needs? | | | |
| Is your child in the care of a Local Authority? | | | | |
| If you are making an application on request from the professional suppo | priority medical, social or education gorting your child/family. | rounds please | include a writ | ten |
| Does this child have a sibling atte | ending the school or Nursery? If Yes | | | |
| please give the name and date o | f birth of the sibling: | | | |
| Previous / current Nursery (if app | olicable) | | | |
| Reason for transferring Nursery (applicable): | if | | | |
| | nly accepted in exceptional circums | | | ome. |
| <u>Piease rejer to</u> | the Nursery Admissions Policy for | more Injorme | ation. | |
| - | prefer. This is not guaranteed and rred session is full. You can remain become available. | • | | |
| Мо | rning / Afternoon / Do no | ot mind | | |
| Please detail any other informaticonditions etc. | tion that you think will be useful in | your applica | ation. Such as | s medical |

| Name of Parent / Carer living at the child's home address: | | | |
|--|--|--|-------------|
| Title: | First name: | Surname: | |
| Relation to child: | | | |
| Address (if different from child's): | | | |
| Home telephone: | | Mobile: | |
| Email address: | | | |
| | Name of second co | ontact | |
| Title: | First name: | Surname: | |
| Relation to child: | | | |
| Address (if different from child's): | | | |
| Email address: | | Mobile: | |
| Please remember to | inform us of any changes | s in address/telephone numbers. | |
| Date of registration: | | | |
| Signed: | | | |
| - | er Nursery place having alrendraw the place offered in t | eady been accepted. The school reserves the ri hese circumstances. | ight |
| class. At the appropriate time part Brighter Futures For Children at htt school will be allocated according to | ents/carers will need to con ps://brighterfuturesforchild | s of New Town Primary School from the nurser mplete a school admissions application form vidren.org/schools/admissions/primary/. Places d admission arrangements. The over subscript | via s in |
| | | | |
| | <u>For office use on</u> | <u>ily</u> | |
| | Proof of ID seen | n: | |
| Passpo | rt Residence Permit | Birth Certificate | |
| Date of Birth checked: | | | |
| Place of birth: | | | |
| Expiry date: | | | |
| Seen by: | | Date: | |