# NURSERY APPLICATION FORM WESTON CofE PRIMARY & NURSERY SCHOOL

**PLEASE USE BLOCK CAPITALS**

## CHILD DETAILS

| | | | | | |
|---|---|---|---|---|---|
| **First Name:** | | | | | |
| **Middle Name:** | | | | | |
| **Family name:** | | | | | |
| **Date of Birth:** | | | | **GENDER:** | **M / F** |
| **NHS Number:** | | | | **- - - / - - - / - - - -** | |
| **Ethnicity:** | | | | | |
| **Your relationship to the child**: (e.g. Mother/father/carer/stepmother/father /social worker) | | | | | |
| **Your child's permanent address (at time of application)** | | | | | |
| **Address:** | | | | | |
| | | | | | |
| **Special Educational Needs** *Does your child have an Education, Health & Care Plan (EHCP)?* | | | | ***YES / NO*** | |
| **At Risk** *Is your child or a sibling of your child, subject of an inter agency child protection register? (Please provide evidence with this form).* | | | | ***YES / NO*** | |
| **Children in Public Care** *Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?* | | | | ***YES / NO*** | |
| **Social or medical reasons** *Do you have a particular medical or social need to go to this school? (please provide supporting evidence with this form)* | | | | ***YES / NO*** | |
| **If you have a sibling at this school, enter their name and date of birth:** | | | | | |
| **Early years setting child attends or has attended (if applicable)** | | | | | |
| **If you have any other requirements Please enter here:** | | | | | |

**Attendance required is Monday, Tuesday, Wednesday, Thursday, Friday mornings**

**PLEASE COMPLETE DETAILS FOR BOTH PARENTS IF LIVING AT SAME ADDRESS:**

| | Parent/Carer 1 details | Parent/Carer 2 details |
|---|---|---|
| **Title:** | | |
| **Forename:** | | |
| **Surname:** | | |
| **D.O.B:** | | |
| **National Insurance Number:** | | |
| **National Asylum Support Service (NASS) Number (if applicable)** | | |
| **Address:** | | |
| | | |
| **Email address:** | | |
| **Telephone numbers** | **Daytime:** | **Mobile:** |

**I CAN CONFIRM THAT THE DETAILS ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE**

| | | |
|---|---|---|
| **Signature of parent/carer:** | | |
| **OFFICE USE ONLY** | **Date Received:** | |
| | **Distance:** | |