

[illegible][illegible]

Gender:	Male		Female		Date of birth:	Day			Month			Year			
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Home address:																				
												Post code:								

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2. Children with additional needs

Does your child have exceptional medical, mobility or social circumstances?	Yes		No	
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If 'Yes', please give details and provide a copy of any supporting documents you may have from a doctor, social worker or other relevant professional. Please also let us know if your child has a physical disability which would affect their ability to move around school.

3. Children in care

Is your child in the care of a local authority?	Yes		No	
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If 'Yes', please say which local authority.

Please also provide a letter from the social worker confirming the legal status.

4. Preferences

I would prefer for my child to attend...	Full Time	Mornings Only	Afternoons only
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If you are entitled to 30 hours free childcare please complete this section:	National Insurance Number	30 hour code from HMRC

5. Parent/Carer details

Title:	
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Signature: Date:

.....

Print Name:

Data Protection

The processing of your personal details by South Wilford Endowed CE Primary School is carried out in accordance with the Data Protection Act 1998. The information contained within this form will be used to process your application for a nursery place.

Office use only

Date application received:

Proof of address seen:

Birth certificate seen:

Expected start date: __/__/__

Signature:

Name and Role:

