



ANDREWS LANE PRIMARY AND NURSERY SCHOOL

NURSERY APPLICATION FORM

Child's full name: M/F:

DOB: NHS number:

Home address:

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Parent Details	Mother	Father
Full Name:		
Telephone no:		
NI Number:	— — — — —	— — — — —
Date of Birth		
Email:		

Is your child a Looked After Child? Yes / No (If Yes, written evidence must be provided)

Does your child have an Educational Health Care Plan? Yes / No (If Yes, written evidence must be provided)

Is your child the subject of an inter-agency child protection plan? Yes / No

Other siblings at Andrews Lane Primary School? Yes / No If Yes, please provide following:

	Name	DOB
Child 1		
Child 2		

Does your child currently attend a Pre School? Yes / No If Yes, please provide the following:

Name of Setting:	
Telephone Number:	

I give my consent to Andrews Lane School keeping a copy of all evidence I provide to support this Nursery application until my child leaves this setting. Yes / No

Signed: Date:

Parent / Carer name:

FOR SCHOOL USE

Birth Certificate has been seen	Yes	No	Date:
Proof of Address has been seen	Yes	No	Date:
Other Evidence has been provided	Yes	No	Date: