



Grove House Primary School - Nursery Application Form										
Child Details:										
First Name(s)					Surname					
Date of Birth						Gender				
Address										
Postcode					Telephone No.					
Pre School currently attendi	ng (if any):	:								
Is the child a Looked After Child by the Local Authority?				,	Yes/No			If so please attach details/evidence		
Does the child have a statement of special needs?					Yes/No		If so	If so please attach details/evidence		
Does the child have a sibling already attending the nursery or school?			Yes/No	If so	If so please list sibling(s) names			s) nar	nes and dates of birth:	
Name of Parent/Guardian at home address:										
Relationship:					Title:					
First Name					Surname					
Home telephone number					Mobile/work telephone number					
Preferred Sessions:										
Day(s)		M	Т	W	Th		F	Or: I am eligible for 30 hours free Nursery		
	AM PM							hou	urs	
Signature of Parent/Guardian:								Date:		

Once you have fully completed this form please hand it in to the school nursery class you require

The information on this form will be used only for the purposes of allocating nursery places. The data will be processed in compliance with the Data Protection Act.

Please note:

The offer of a place at a nursery class attached to a primary school does not guarantee the child a place in the reception class at the same school. A fresh application will be required in accordance with the criteria for admission to reception classes.