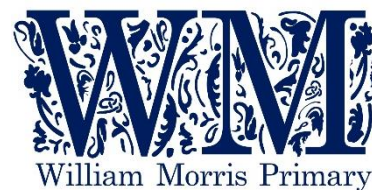


William Morris Primary School Nursery Application Form 2019/2020



For September 2019 start: Children born between 1st September 2015 and 31st August 2016
For January/April 2020 start: Children born between 1st September 2016 and 31st March 2017

1. Personal Details

Child's Details

Surname	Child's Legal Forenames	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent Home Address		Postcode
Date of Birth	Religion	
First Language	Ethnicity	
Home Language	Country of Birth	
English as a 2 nd Language: Yes <input type="checkbox"/> No <input type="checkbox"/>	Service Child: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adopted Child: Yes <input type="checkbox"/> No <input type="checkbox"/>	Looked After Child: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Child's Legal Parents/Carers

Emergency Contact Details			
Name and Information of First Parent/Carer		Name and Information of Second Parent/Carer	
Title	First Name	Title	First Name
Surname		Surname	
Address (inc postcode) <input type="checkbox"/> same as child		Address (inc postcode) <input type="checkbox"/> same as child	
Relationship to Child		Relationship to Child	
Contact Numbers		Contact Numbers	
Work	Mobile	Work	Mobile
Home	DOB	Home	DOB
Email		Email	
NI Number		NI Number	

Additional Emergency Contact Details

Name of Additional Contact:	Relationship to the Child:	Contact Number:
Name of Additional Contact:	Relationship to the Child:	Contact Number:

2. Special Educational Needs/Medical Needs

<input type="checkbox"/> My child has a statement of Special Educational Needs (SEN)	Please provide details
<input type="checkbox"/> My child has Special Educational Needs but does not have a statement	Please provide details
Does your child have any medical conditions or allergies that we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details

3. Medical and Dietary Requirements

Name of Registered Doctors Surgery	
Name of Doctor	
Telephone Number	
Allergies	
Dietary Requirements (e.g. vegetarian)	
Medication to be Kept in School	
Special Health Considerations	

3. Siblings

Please tick all appropriate boxes and provide details:

<input type="checkbox"/> My child has a sibling at William Morris Primary School	Child's Name
<input type="checkbox"/> My child has a sibling due to start at William Morris Primary School	Child's Name

4. Places Required

Please state the place you would prefer:

- ☐ Nursery Class: morning session (8:30am – 11:30am)*
☐ Nursery Class: afternoon session (12:20pm – 3:20pm)*

(Please note: We are unable to guarantee that we will be able to provide your preferred session. We will only make offers based on your child attending 5 morning or 5 afternoon sessions. Mixed sessions will not be available.)

**These timings could slightly alter.*

William Morris Primary School comply with the General Data Protection Regulations 2018. Data collected is for the use of the school but may be released to other agencies for educational purposes.

If you wish for your child to carry medication in school e.g. an inhaler, then we must have a signed request form which can be collected from the School Office.

This section concerns local visits and your permission;

I hereby give permission for my child to go on local visits and walking/travelling to a local activity.

SIGNED:_____ DATE:_____

I confirm that the information given on this form is correct. I understand that any offer of a place made on the basis of false information may be withdrawn, even if my child has started at the nursery. I understand that I shall be responsible for all transport costs and arrangements to ensure my child's regular and punctual attendance at William Morris Primary School's Nursery, if a place is offered.

If you are offered a place you will need to provide a copy of your child's birth certificate together with an up to date proof of address.

Print Name	Relationship to Child	Date
Signed		

Please let us know how you heard about our Nursery:

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