**NORTHWAY COMMUNITY PRIMARY SCHOOL**

**Application for a Nursery Place**

**Child’s information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s**  **First name(s)** |  | **Child’s**  **Surname** |  |
| **Child’s**  **Date of Birth** |  | **Gender**  **(circle)** | **MALE** **FEMALE** |
| **Home address:** | **Postcode**: | | |
| **Place of birth** |  | | |

**Parent/Carer’s (1) information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title**  **(circle)** | **Mr Mrs Miss Ms Dr Other** | | |
| **First name** |  | **Surname** |  |
| **Relationship**  **to the child**  **(circle)** | **Mother Father Step parent Foster parent Adoptive parent Grandparent Other** | | |
| **Parent Address**  **(if diff from above)** | **Postcode** | | |
| **Land line telephone number** |  | **Mobile**  **Telephone number** |  |
| **Email address** |  | | |
| **Parent**  **Date of Birth** |  | **National Insurance number** |  |
| **Parent serves as part of HM Forces** | | **YES NO** | |

**Parent/Carer’s (2) information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title**  **(circle)** | **Mr Mrs Miss Ms Dr Other** | | |
| **First name** |  | **Surname** |  |
| **Relationship**  **to the child**  **(circle)** | **Mother Father Step parent Foster parent Adoptive parent Grandparent Other** | | |
| **Parent Address**  **(if diff from above)** | **Postcode** | | |
| **Land line telephone number** |  | **Mobile**  **Telephone number** |  |
| **Email address** |  | | |
| **Parent**  **Date of Birth** |  | **National Insurance number** |  |
| **Parent serves as part of HM Forces** | | **YES NO** | |

**Additional Information**

**If you have any older children attending Northway Primary, please provide details below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sibling’s full name** |  | **Sibling Date of birth** |  |
| **Sibling’s full name** |  | **Sibling Date of birth** |  |
| **Sibling’s full name** |  | **Sibling Date of birth** |  |
| **Sibling’s full name** |  | **Sibling Date of birth** |  |

|  |  |
| --- | --- |
| **Primary School you would like your child to attend:** |  |
| **Previous Nurseries your child has attended:** |  |

**Attendance/Sessions required**

**(Indicate your preferred choice 1-2, with 1 being your 1st choice)**

|  |  |
| --- | --- |
| **Option** | **Preferred choices** |
| **Full days (9:00-3:00) Monday, Tuesday;**  **Half day Wednesday (9:00 - 12:00)** |  |
| **Half day Wednesday (12:30 - 3:30)**  **Full days (9:00-3:00) Thursday, Friday;** |  |

**Further Information**

**Any other relevant information regarding your child should be stated here (this includes medical information)**

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|  |

**Declaration**

**Please read this information carefully and sign to apply for a place:**

* I wish to apply for a place in the nursery class.
* I certify that I am the person with parental responsibility for the child named in section 1.
* I hereby declare that, to the best of my knowledge and belief, the information on this form is correct and up to date. I agree to notify the school of any changes to this information.
* By making this application I fully understand that in accordance with current government legislation, if my child can be offered a place at the nursery, attendance at the nursery does not guarantee my child’s admission to this primary school.
* I understand that I must make a separate application to Sefton Council for admission to primary school, at the relevant time i.e. in the September 12 months prior to my child starting primary school in the following September.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of parent/carer:** |  | **Date** |  |
| **Print full name** |  | | |