

NURSERY APPLICATION FORM – HOLYWELL PRIMARY SCHOOL 2023 – 2024

Children Born Between 1 September 2019 – 31 August 2020

Child Details

First name:						
Middle name:						
Family name:						
Date of Birth:	/	/	Gender:	M/F		
NHS number:			_ _ _ / _ _ _ / _ _ _ _			
Your relationship to the child: (e.g. mother/father/carer/stepmother/father/ social worker)						
Your child's permanent address (at time of application)						
Address:						
Special Educational Needs <i>Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)? (Please provide evidence with this form)</i>						Yes/No
At risk <i>Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</i>						Yes/No
Children in Public Care <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order? (Please provide evidence with this form)</i>						Yes/No
Social or medical reasons <i>Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i>						Yes/No
If you have a sibling at this school, enter their name and date of birth:						
Early years setting/s child attends or has attended (if applicable)						
	Monday 9 - 12	Tuesday 9 - 12	Wednesday 9 - 12	Thursday 9 - 12	Friday 9 - 12	Total Hours
AM (9.00 – 12.00)						

Please complete the details for both parents if living at the same address:

	Parent/carers 1 details	Parent/carers 2 details
Title:		
Forename:		
Surname:		
DOB:		
National Insurance Number:		
National Asylum Support Service (NASS) Number (if applicable):		
Email address:		
Telephone numbers	Daytime: Mobile:	Daytime: Mobile:
Address:		
I confirm that the details above are correct to the best of my knowledge.		
Signature of parent/carers:		