

Tel: 01740 555005

**Wynyard Church of England Primary School**

**Nursery Application Form**

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| **Child’s Full Name:** | |
| **Date of Birth:** | **Gender:** |
| **Home Address:** | |
| **Postcode:** | |
| **Parent/carer telephone number:** | |
| **Parent/carer email address:** | |
| **Name of any sibling/s who attend Wynyard Church of England Primary School** | |
| **Name:** | **Present Year Group:** |
| |  | | --- | | **Does your child have any social or medical needs the school needs to be aware of?** | |  | | |
| **Is your child ‘looked after’ or been previously ‘looked after’ by the council? If yes, please state which council.** | |
| **Please indicate which Nursery entitlement you would be interested in and would be entitled to?** | |
| 15 hours free entitlement | 30 hours free entitlement (criteria applies) |
|  |  |

Please note, proof of address and your child’s birth certificate must be seen prior to a place being offered. (I.e. utility bill clearly showing above address as home address).

I understand that if I am offered a Nursery place for my child this does not automatically entitle my child to a school place at Wynyard Church of England Primary School.

Name of parent/carer completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_