

# Request for a Place in Nursery

Please note admission to Nursery does not guarantee you a place in the Reception class.



Child's First Name	Surname	Date of Birth			Male/ Female
		Day	Month	Year	

Are any other names used by your child? If so please give details	
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Names of adults with parental responsibility	Relationship to child

Your home address:		
Post code:		
Does the child live at this address?	Yes	No

If 'no' please provide the address where your child lives:		
Name of the person the child lives with:		
Relationship to the child:		
Is your child in public care (looked after by the Local Authority)?	Yes	No

Telephone Numbers:	Contact 1	Contact 2
Daytime:		
Evening:		
Mobile:		

Does your child have a brother or sister at St John Bosco?	
Name:	Date of Birth:

Ethnic Origin		Religion	
<b>For Catholic Children</b>	<b>Date of Baptism:</b>	<b>Church of Baptism:</b>	
Is English your child's first language:	Yes	No	
If No please provide details of the languages Spoken at home			

<b>Is your child an asylum seeker/refugee?</b>	<b>Yes</b>	<b>No</b>
If you have arrived in Britain within the last 3 years, please state the month and year of entry and include a copy of your child's passport and visa.	<b>Month</b>	<b>Year</b>
	<b>Child's Passport</b>	<b>Visa</b>

<b>Has your child attended any other Early Years or Childcare provision? If yes, please provide details of the provider.</b>	
<b>Name of Provider:</b>	

<b>Childs NHS Number:</b>		
<b>Does your child have any medical needs</b>	<b>Yes</b>	<b>No</b>
<b>If yes: please state the nature of the medical needs and any medication</b>		
<b>Does your child have any allergies/dietary requirements?</b>	<b>Yes</b>	<b>No</b>
<b>If yes: please state the nature of the allergies/dietary requirements and any medication</b>		
<b>Is your child toilet trained?</b>	<b>Yes</b>	<b>No</b>
<b>Name + Surgery address of family doctor</b>		
<b>Does your child have a statement of Special Educational Needs?</b>	<b>Yes</b>	<b>No</b>

<b>Do you consider your child to have a disability?</b>	<b>Yes</b>	<b>No</b>
<b>If yes: please state the nature of the disability:</b>		
<b>Please give details of any other agencies (eg, Social Inclusion and Health, Speech and Language etc.) involved with your child</b>		

<b>Please indicate whether you would prefer a morning or afternoon place</b>	<b>Morning</b>		<b>Afternoon</b>	
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<b>Signature of Parent/Carer:</b>		<b>Date:</b>	
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*Information from this form will be used for the purposes of administering nursery admissions. All information is regarded as confidential and the personal data collected via this form may be processed or disclosed only within the limits of the current data protection notification.*

**All application forms must be accompanied by copies of the child's birth certificate, passport and a copy of a utility bill for proof of address. Catholic applicants must also provide a copy of their baptismal certificate.**