

NURSERY APPLICATION

Child's First Name _____ M/F
Child's Surname _____ Date of Birth _____
Address _____ Postcode _____
Parent's Name _____
Home Telephone No _____ Mobile No _____

Names of brothers and sisters who already attend this school

_____ DOB _____
_____ DOB _____

Are there any special social, medical or educational reasons for wanting this school?

If yes, please give details _____

Supporting statements will be required from professionals such as a Doctor, Social Worker, Health Visitor or Speech Therapist.

Is your child a LAC 'Looked after Child'? Yes/No

Do you have a Social Worker? Yes / No

If yes, please provide their name and contact details _____

I understand that there is no automatic right of transfer from a Nursery class to the Infant Reception class at the same school.

I am aware of the Admissions Policy as published by the Local Authority.

Nursery Class preferred – Morning/ Afternoon / Either

Signed _____ Date _____

For some working families an extra 15 hours a week in addition to the universal entitlement of 15 hours may be available.

To find out if you are eligible Email: fis@royalgreenwich.gov.uk