Preston Grange Primary School

Nursery Application Form

Please complete pupil details and return to the school as soon as possible

Surname:		Legal Surname:	
Forename/s:		Middle name:	
Chosen name:		Gender:	
Date of Birth:		Date of 3rd birthday:	
Home Address:			
Post Code:			
Telephone:			
Parent/Carer(s) full name(s):	Mr/Mrs/Miss/Ms (Delete as appropriate)		
Parent/Carer(s) full name(s):	Mr/Mrs/Miss/Ms (Delete as appropriate)		
Names of any brothers/sisters already at the school:			

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name/Relationship	Home Address / Phone / Mobile	Work Address Phone / Email
1		Tel: Mobile:	Tel: Email:
2		Tel: Mobile:	Tel: Email:

More information required overleaf →

Medical Practice:	
Address:	
Telephone Number:	

Please tell us about any Medical Condition(s) including allergies that you think we should know about.   *Please complete this section even if you have informed us in the past.*   **Does the pupil have a disability? – YES/NO**   **If YES, please indicate the nature of the disability and what special requirements are needed if any.**

Does the pupil live with a parent/carer who serves in the British Armed Forces? YES/NO

Previous school attended (if applicable)

Ethnicity :			
Home Language:		**Religion:**	
Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF.			
Signature:		**Date:**	
PLEASE NOTE, A PLACE AT OUR SCHOOL NURSERY DOES **NOT GUARANTEE** A PLACE IN OUR RECEPTION CLASS.			

Please ensure that all sections have been completed and you have signed it.

Please return this form to the school office as soon as possible, thank you.