



OFFICIAL USE ONLY: DATE REC'D..... DISTANCE FROM SCHOOL..... NN ADMISSION.....MN ADMISSION..... SIMS..... RECEIVED BY.....SIGNATURE.....

APPLICATION FOR ADMISSION TO KENILWORTH NURSERY SCHOOL

This form to be completed and handed into the school office.

Full name of child.....

Child's date of birth..... MALE / FEMALE (delete)

Address.....

.....Postcode..... Mobile / Tel No.....

Email Address

Full name of mother.....

Full name of father.....

Details of other children in family (PLEASE NOTE THAT A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD YOU WISH TO PLACE ON THE APPLICATION FILE)

Name..... Date of Birth.....

Name..... Date of Birth.....

Name..... Date of Birth.....

Name / Address / Tel No of Doctor.....

Name / Tel No of Health Visitor.....

Any additional information (i.e. physical, behavioural, communication problems that we should be aware of)

In the **MAIN NURSERY** do you prefer: a Morning place an Afternoon place no preference

(PLEASE NOTE THIS CHOICE CANNOT BE GUARANTEED)

Please indicate if you believe you are eligible for 30 hours Eligibility Code.....

I would also like my child's name to be added to the application file for the **NURTURE NURSERY** at Kenilworth Nursery Schoolplease tick box

Please indicate if you believe you are eligible for 2Help funding

IT IS POINTED OUT THAT WHILST YOUR CHILD'S NAME WILL BE ADDED TO OUR NURSERY APPLICATION FILE; THERE IS NO GUARANTEE THAT THERE WILL BE A NURSERY PLACE AVAILABLE FOR HIM/HER. PLACES WILL BE ALLOCATED ACCORDING TO THE COUNTY'S AGREED CRITERIA WHICH CAME INTO FORCE SEPTEMBER 1994.

I understand that my child's name will be added to the Nursery Application File but that I am not guaranteed a place.

Signed.....Date.....