

ADMISSION YEAR:

DATE REGISTERED:

NURSERY PLACE APPLICATION FORM

PUPIL DETAILS			
Name			
DOB		Gender	
Address			
Postcode			

PARENT/CARER DETAILS			
Name		Relationship to child	
Address if different to above			
Telephone		Mobile	
Email address			

ADDITIONAL INFORMATION

Is your child, or was previously, in the care of a local authority?		
Names of any siblings attending Abbey Hey		
Name of current/previous Nursery or playgroup		
Any medical conditions or additional needs?		
Any agency involvement eg. Speech therapy, paediatrician, social worker etc?		
Ethnicity		
Home language		
Religion		
Any additional comments		

DATA PROTECTION

By signing this form, I agree to Abbey Hey Primary Academy holding and processing my personal data in line with the privacy notice and policy which can be found on the school website.

SIGNED		DATE	
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