

Request for a Place in a Nursery Class at Burnt Tree Primary School

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:	
Name of adult with parental Responsibility:	
Relationship to child:	
Your Home Address	

Does your child live with you at this address?

Yes

No

If "No" please provide the address where your child lives:	
Name of person child lives with:	
Relationship to child:	

Your Telephone Contact Number:	Daytime:	
	Evening:	
	Mobile:	
Your email address:		

Is your child an asylum seeker/refugee?

Yes

No

If you have arrived in Britain within the last 3 years please State month and year of entry and include a copy of your Child's passport and visa.

Month

Year

Is your child in public care (looked after by the Local Authority)?

Yes

No

Does your child have a brother or sister at Burnt Tree Primary School?

Yes

No

If yes, please give details:

Name

Date of Birth

Has your child attended any other Early Years or Childcare provision?

Yes

No

If yes please provide details of the provider and dates when the provision was provided.

Name of Provider:

Dates Attended:

From

To

Please indicate whether you would like a morning (am)
or an afternoon place(pm)

AM PM

Please indicate if you are entitled to 30 free hours

Yes No

If Yes please provide your eligibility code

Mother's Full Name	<input type="text"/>	Mother's National Insurance Number	<input type="text"/>
Mother's DOB	<input type="text"/>	Father's Full Name	<input type="text"/>
Father's Full Name	<input type="text"/>	Father's National Insurance Number	<input type="text"/>
Father's DOB	<input type="text"/>		

ONLY COMPLETE IF YOU ARE ENTITLED TO 30 FREE HOURS

Please indicate if you would be interested in paying for extra sessions

Yes No

Are you making this application on medical grounds?

Yes No

Does your child have an EHCP (Educational Health Care Plan)

Yes No

Do you consider your child has a disability?

Yes No

If yes, please state the
Nature of the disability

Please give details of any Other agencies
(eg Social Inclusion and Health) involved
with your child:

Signature of Parent/Guardian:

Date:

Information from this form will be used for the purpose of administering school 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.

Once completed please return to Burnt Tree Primary School Office with your child's Birth Certificate.