Hatton Hill Primary

**Application for a Place in Hatton Hill Nursery**

1. **Childs details**

Child’s First Name(s) Child’s Surname

|  |  |  |
| --- | --- | --- |
|  |  |  |

Child’s Date of Birth Male Female

 **DD / MM / YYYY**

Home address

|  |
| --- |
|  |
|  |
|  |
| Postcode: |

**DD / MM / YYYY**

Date of moving to this address

**2. Parents/Carers details (please tick)**

Mr Mrs Miss Ms Other

First Name Surname

Relationship to child (please tick)

Mother Father Step Parent Foster Parent Other

Day Evening

Tel No: Tel No:

Mobile Email

Tel No: Address:

**3. Further Information**

If you have any older children attending the school, please provide details below:

|  |  |  |  |
| --- | --- | --- | --- |
| Sibling’s full name |  | Sibling’s date of birth |  |
|  |  |  |  |
| Sibling’s full name |  | Sibling’s date of birth |  |

**ATTENDANCE/SESSIONS REQUIRED (please tick the appropriate boxes)**

MON AM TUES AM WED AM THURS AM FRI AM

MON PM TUES PM WED PM THURS PM FRI PM

Requested

**DD / MM / YYYY**

start date

Any other relevant information regarding your child should be stated here:

(Continue on a separate sheet if necessary)

**4. Declaration and signature of Parent/Carer**

* I wish to apply for a place in the nursery class.
* I certify that I am the person with parental responsibility for the child named in Section 1.
* I hereby declare that to the best of my knowledge and belief, the information I have given on this form is correct and up to date. I agree to notify the school of any changes to this information.
* By making this application I fully understand that in accordance with current government legislation, if my child can be offered a place at the nursery, attendance at the nursery does not guarantee my child’s admission to this Primary School. I understand that I **must** make a separate application to Sefton Council for admission to Primary School, at the relevant time ie in the September 12 months prior to my child starting Primary School in the following September.

 **DD / MM / YYYY**

**Signature of Date**

**Parent/Carer**

**Print full**

**Name**

G:\ADMISS\FORMS\2013-14\Nursery Admission Form.docx