

BRINSLEY PRIMARY SCHOOL FOUNDATION UNIT

This is an application for a place on the waiting list and does not guarantee a place in Nursery. We will contact you near the end of the term that your child turns 3 years old, if we are able to offer your child a place.

Full name of child: _____ Date of birth: _____

Father's name: _____ Occupation: _____

Address: _____ Post Code: _____

Home Tel No: _____ Mobile Tel No: _____

Work No: _____ Email: _____

Mother's name: _____ Occupation: _____

Address: _____ Post Code: _____

Home Tel No: _____ Mobile Tel No: _____

Work No: _____ Email: _____

Name and address of any previous nursery school attended: _____

Please give details of any speech, medical (was your child premature? If so, how many weeks?) dietary or social difficulties: _____

Additional comments, eg am/pm preference or either, along with any specific reasons for this preference:

Name and dates of birth of other children in family:

At the present time, what provision are you hoping to access? Please delete as applicable:
15 hours 30 hours (see overleaf for info regarding this. Places are limited)

Signature Parents/Carer: _____ Date: _____

When return this form please bring your child's birth certificate which we will photocopy and return to you immediately. Many thanks.

School Use Only

Date of Application: _____

Birth Certificate seen: _____

Parent seen: _____