



John Keats
Primary School

APPLICATION FOR ADMISSION TO JOHN KEATS NURSERY SCHOOL

This form is to be completed by the parent/carer of the child starting nursery class in John Keats.

PLEASE NOTE: IF YOUR CHILD IS ADMITTED TO A NURSERY CLASS THEY WILL NOT AUTOMATICALLY BE OFFERED A PLACE IN THE RECEPTION CLASS OF THE SAME PRIMARY SCHOOL
PLEASE DO NOT COMPLETE THIS FORM IF YOU ARE APPLYING FOR A PLACE IN RECEPTION CLASS

Child's first name Child's surname

Date of birth: Boy / Girl (please circle)

Child's home address

.....

..... Postcode:

Parents/Carer Details

Name:

Relationship to child:

Telephone no: (1) Telephone no 2:

Email address:

Please give details of other children who currently attend John Keats and live at the same address as you and state their relationship to you and the child concerned.

Child's Name	Date of birth	Year	Relationship

Does your child have any medical or Statement of Special Education needs for making this application?

Yes No (please circle)

If yes, please discuss this with the headteacher and give brief details below

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How many hours are you looking for your child to attend 15 30 (please circle)

DECLARATION

I confirm that all the details on this form are correct

Parents signature: Date: