



Little Fishes Nursery Application Form

Please note that admission to the Nursery does **NOT** guarantee a place in the Reception Class. Please ask at the school office for the admission arrangements for children wishing to be admitted to the Reception year.

CHILD'S DETAILS Please give child's name in full (as per birth certificate)

SURNAME

FORENAMES

DATE OF BIRTH GENDER Male/Female

FULL ADDRESS.....

..... POST CODE

PARENT AND CARER DETAILS

Please give names of all parent(s) / carers(s) who live(s) at the same address as the pupil and/or elsewhere.

1. SURNAMETITLE

FORENAME RELATIONSHIP TO PUPIL

FULL ADDRESS.....

..... POST CODE

HOME PHONE NUMBER: WORK PHONE NUMBER.....

MOBILE PHONE NUMBER.....

EMAIL:.....

2. SURNAME..... TITLE

FORENAME RELATIONSHIP TO PUPIL

FULL ADDRESS.....

..... POST CODE

HOME PHONE NUMBER: WORK PHONE NUMBER.....

MOBILE PHONE NUMBER.....

EMAIL:.....

SIBLING DETAILS

NAME(S) OF ANY BROTHERS OR SISTERS WHO WILL BE ATTENDING ST. NICOLAS AND ST. MARY SCHOOL **AT THE TIME OF ADMISSION**

NAME Year Group

NAME.....

Year Group

NAME.....

Year Group

CHILDREN LOOKED AFTER

Adopted	YES	NO	If yes, please provide evidence of an adoption certificate.
Special Guardianship Order	YES	NO	If yes, please provide evidence that the child left care under a Special Guardianship Order.
Residency	YES	NO	Please provide evidence that the child left care under a Residence Order.
Child Looked After	YES	NO	If yes, please provide name of local authority below -
Please advise if the child was looked after by a local authority for one day or more in the current term. Please specify which local authority –			

SPECIAL EDUCATIONAL NEED

DOES YOUR CHILD HAVE AN EDUCATION, HEALTH AND CARE (EHCP) PLAN? YES/NO

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEED OR DISABILITY? YES/NO
(PLEASE ATTACH RELEVANT INFORMATION)**ETHOS**

As a Church of England school and nursery, we expect that parents will support our Christian values and ethos.

START DATE AND NUMBER OF SESSIONS

When do you wish your child to start at the nursery?

PLEASE TICK WHICH SESSIONS YOU WOULD LIKE. In accordance with our Admissions Policy please select a minimum of 5 sessions. Please let us know if you are sharing your funding with another nursery.

	Little Fishes	
Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM

Please indicate the name of the other nursery your child will be attending if applicable:

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OTHER INFORMATION

PLEASE ATTACH ANY OTHER INFORMATION WHICH MAY BE RELEVANT TO THIS APPLICATION:

SIGNED DATE

Please return to the school office