

Nursery Admission Form – Levens CE School – September 19

Please return your completed form to Levens CE School Office in the term prior to starting nursery provision.

Personal information – child's details








Child's first name	_____								
Child's surname	_____								
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender (male/female)	_____
Home address	_____								
	_____							Postcode	_____
Current Nursery if applicable	_____								

Please note: this information is requested to ensure transference of records where appropriate.

Parent/carer details

Full name of parent/carer	Title (Mr/Mrs/Ms/Miss etc)
Relationship to child	_____
Contact tel number	_____
Contact address	_____
Requested start date for Nursery Provision _____	

Your provision requirements – Automatic entitlement is 15 hours per week

Day	Session 8.45am – 11.45am	Session 11.45am – 3pm
1. Monday		
2. Tuesday		
3. Wednesday		
4. Thursday	Currently not offered	
5. Friday		

Parental declaration

I confirm that I have parental responsibility for this child and the information given is correct

Full name of parent/carer signing the form (please print)

Signed	_____
Date	_____
Correspondence address if different from child's address (<i>this address will not be used in the allocation process</i>)	_____