



APPLICATION FOR ADMISSION TO NURSERY

NAME of child in full M/F

Date of Birth (Please produce birth certificate)

HOME address

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POST CODE HOME TEL NO

FULL names of parents (Mr/Mrs/Ms/Miss)

(Mr/Mrs/Ms/Miss)

Mobile tel. No. (Father) (Mother)

Work tel. No. (Father)..... (Mother).....

Primary email address

Names and DOB of other child(ren) attending Farnborough Road Schools (together with class currently in)

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Has your child any disabilities?

If so, what is the nature of the disability?

Are any outside agencies involved? ..

Does your child speak English as a second language?

Signature of Parent/Legal Carer

Date Admission No.

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 THE SCHOOL.

I UNDERSTAND THAT I HAVE TO APPLY SEPARATELY ON THE OFFICIAL SEFTON COUNCIL ADMISSION TO PRIMARY SCHOOL FORM, AVAILABLE IN THE AUTUMN BEFORE MY CHILD IS DUE TO START SCHOOL.