



Inspiring Excellence

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NURSERY PLACES ENQUIRY FORM

Today's Date

Name of Child Known as

Gender Date of Birth Place of Birth

Do you have any other children that attend this school? YES/NO

If YES please give full name(s) and class if known:

Name of person applying

Relationship to Child

Address
Postcode

Telephone
Mobile
Work
Email address

Previous nursery attended (if applicable)

Address of nursery

Date attended Date left

Child's country of birth

Language spoken at home

ADDITIONAL INFORMATION: Use this section to state why you would like your child to attend this school/anything else it would be helpful for us to know:

Please submit completed form to the school at the above address