



WESTMOOR PRIMARY SCHOOL

NURSERY APPLICATION FORM

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

Section 1: CHILD'S DETAILS

Child's legal surname name (as on birth certificate)		Child's known surname	
Child's first name		Child's middle name(s)	
Child's date of birth	Day	Month	Year
			Child's Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's current Nursery			
Child's current permanent address			Postcode:
Who does this child live with?			

Are there any professionals involved with the family? (e.g. speech therapist , social worker).

Please give details:

Section 2: PARENT/CARER DETAILS

Parent / Carer last name		Parent / Carer first name	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Relationship to child: Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/>	
Telephone Number	Home	Work	Mobile

Children in the Nursery must be brought and collected by a responsible adult. Are you able to arrange this?

Yes No

Is your first language English? Yes No

Special Circumstances:

Preferred time: 30hrs 15hrs

*Please note- A charge of £5 per day for lunch and supervision for 30hr placement.



Section 3: SIBLINGS

Please give details of your child's siblings (brothers and sisters including half brothers and sisters, stepchildren, adopted and fostered children living in the **same address**).

Sibling's Surname	Sibling's First Name	Sibling's Nursery/School	Sibling's Date Of Birth		
			Day	Month	Year
			Day	Month	Year
			Day	Month	Year

Date of Registry: _____ Signed (Parent/Carer): _____

OFFICE USE: Funded hours session will be allocated dependant on your child's date of birth

Enrolment Term: Autumn Year _____ Spring Year _____ Summer Year _____

Session Allocated: 30hrs 15hrs

WESTMOOR PRIMARY SCHOOL, SOUTHGATE, KILLINGWORTH, NE12 6SA

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