

GILBERT SCOTT PRIMARY SCHOOL – NURSERY APPLICATION FORM

CHILD'S NAME..... DATE OF BIRTH.....

ADDRESS.....

..... TEL.NO.....

MOTHER'S NAME.....

FATHER'S NAME.....

NAME OF GUARDIAN IF DIFFERENT FROM ABOVE.....

NAME & ADDRESS OF MOTHER'S PLACE OF WORK.....

..... TEL.NO.....

NAME & ADDRESS OF FATHER'S PLACE OF WORK.....

..... TEL.NO.....

NAME OF ANOTHER CONTACT IN CASE OF EMERGENCY.....

ADDRESS..... TEL.NO.....

RELATIONSHIP TO CHILD.....

LANGUAGE SPOKEN AT HOME..... NATIONALITY.....

INTENDED PRIMARY SCHOOL.....

SIBLINGS (+ SCHOOL THEY ATTEND/YR GROUP).....

.....

PLEASE STATE ANY MEDICAL CONDITION OF WHICH WE SHOULD BE AWARE

(INCLUDING ALLERGIES).....

NAME & ADDRESS OF FAMILY DOCTOR.....

..... TEL.NO.....

NAME OF HEALTH VISITOR/SOCIAL WORKER

I AM INTERESTED IN THE AFTERNOON NURSERY PROVISION:

- LUNCH CLUB (£3.50)
- AFTERNOON INCL LUNCH (£12.50)

ANY OTHER INFORMATION E.G. HOSPITALISATION, FEARS, DISLIKES ETC.
CONTINUE OVERLEAF IF NECESSARY

SIGNED..... DATE.....