

Thornhill Primary School and Nursery



Application for a Nursery Place

Child's Name:

Child's Date of Birth:

Address:

Postcode:

Telephone Numbers:

Email Address:

Name of Parent/Carer:

Does your child have a Statement of Special Educational Needs or will they require additional support in the Nursery? **Yes/No**

If yes, please provide us with details

Does your child have any medical factors which we need to be aware of?

Yes/No

If yes, please provide us with details

Does your child have any siblings who currently attend Thornhill Primary or who may be attending in the future?

Yes/No

If yes, please give their name(s) and age(s)

Please indicate the sessions you would like your child to attend in order of preference

1=1st choice 2=2nd choice 0=unable to attend

We cannot guarantee your preference for morning or afternoon sessions

5 morning sessions per week

8:45 – 11:45am

5 afternoon sessions per week

12:15 – 3:15

Date of Application:

Signature of Parent/Carer:

To be completed by the school

Date of Child's entry into the Early Years Provision