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| **Shield Row Primary School**  **Application for a Nursery Place** | | |
| **Child’s Name:** | | |
| **Address:** | | |
| **Telephone Number:**    **Email:** | | |
| **Child’s Date of Birth:** | | |
| **Name of Parent/Carer:** | | |
| **Name of any children and/or relations already attending Shield Row School:** | | |
| **Nursery Hours Required (15 or 30):** | | |
| **Is your child currently attending another nursery?** | Yes  🞏  **Name of Nursery:** | No  🞏 |
| **If your child has a Statement of Special Educational Needs or will require additional support in Nursery, please inform us as soon as possible.** | | |
| **Date of Application:**    **Signed:**  **To be completed by the school:**  **Date of Child's entry into Early Years Provision** | | |