|  |
| --- |
| **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** |