



Childeric Primary School Nursery Place Enquiry Form

Name(s) of Child(ren)	Male/Female	Date(s) of Birth
1		
2		

Name of Parent/Carer with whom child is living:

Relationship to child/children:

Address:

.....

..... Postcode:

Telephone:

Mobile:

Child/Children's country of birth:

Language(s) spoken at home:

Interpreter Required: Yes/No

Does your child have special needs? Yes/No

Give Details

Is your child on the Special Educational Needs Register? Yes/No

Stage:

Name of siblings in school:

Signed: _____

Date: _____

FOR SCHOOL USE ONLY

Date form completed:

Council Tax: Yes/No

Proof of Address seen: Yes/No

Birth certificate seen: Yes/No