

**Outwood Primary Academy Bell Lane
Nursery Admission Application Form**

(A) Child's Details:

Forename _____ **Middle Name/s** _____

Surname _____

Date of Birth Day _____ Month _____ Year _____ **Gender** Male Female

Address _____

_____ **Postcode** _____

(Addresses are routinely checked and places may be withdrawn if a false address is given)

Current/Previous Nursery School (if any)

Name _____

Address _____

_____ **Postcode** _____

(B) Parent or Carer details:

Title (Mr/Mrs/Miss/Ms/Other) _____

Forename _____ **Surname** _____

Address _____

(if different
to child)

_____ **Postcode** _____

Tel (day) _____ **Tel (evening)** _____

Tel (mobile) _____

Relationship to child:

Mother Father Step Parent Foster Parent Social Worker Other (please specify) _____

Do you have parental responsibility for the child? Yes No

If there is any other person with parental responsibility for your child please provide details below:

Title (Mr/Mrs/Miss/Ms/Other) _____

Forename _____ **Surname** _____

Address _____

(if different
to child)

_____ **Postcode** _____

Tel (day) _____ **Tel (evening)** _____

Tel (mobile) _____

Relationship to child:

Mother Father Step Parent Foster Parent Social Worker Other (please specify) _____

(C) Special Educational Needs and Children in Care:

Is the child in Public Care (a looked after child) or have they previously been in Public Care (a previously looked after child)? Child in Public Care Previously in Public Care

Has the child been adopted from care? Yes No

Does the child have a statement of Special Educational Needs or Education, Health and Care Plan?

Yes No If yes, please provide further details _____

(D) Preferences:

Session preference: Morning (8.40 – 11.40am) Afternoon (12.10 - 3.10pm)
(Session preference cannot be guaranteed)

Reason for preference _____

Please give details of any siblings who are already attending or will be attending Outwood Primary Academy Bell Lane.

Surname	Forename/Middle name	Date of Birth	Address (if different to child applying)

(E) Additional Information:

Ethnicity _____ Religion _____

Languages spoken at home _____ Country of Birth _____

Doctor's name and telephone number _____

Does your child have any medical conditions? Yes No If yes, please provide details _____

(F) Declaration:

I confirm that the information which I have given on this form is correct.

Signed: _____ (Parent/Carer) Date: _____

PLEASE RETURN THIS APPLICATION FORM TO:
Outwood Primary Academy Bell Lane, Ackworth, WF7 7JH

OFFICE USE ONLY

Date received: _____ Received by: _____

Received: On time Late