APPLICATION FOR ADMISSION TO SOUTHRIDGE FIRST SCHOOL NURSERY.

Name of child in full:	Date of birth:
Address:	
	Postcode:
Mobile:	email:
Parent/Guardian's name:	
Parent/Guardian's name:	
Present Nursery/Playgroup:	
Nursery/Playgroup address:	
Tel. No:	
Does your child have any disability/me	edical/social needs of which the school needs to be aware?
YES	NO
If yes, please specify:	
Details of brothers/sisters currently o	attending Southridge First School
Vame:	Date of Birth:
Does your child have a Statement of S	Special Educational Needs/ EHCP? NO
Has your child been adopted from Loca YES	Authority Care? If yes please provide evidence.
S your child currently in the care of t	the Local Authority? NO
tas your child ever been in the care or	f the Local Authority?
YES	NO
he space below is to allow parents to ad	d any additional information:
or Office Use: hild's birth certificate seen/checked []	2 proofs of parent's address seen/checked □
iigned:	Date:

