



Queen's Hill Primary and Nursery School

We share a passion for learning

Nursery Application Form

| | | | |
|--|-------------------|----|--------|
| Full name of child | | | |
| Date of birth |/...../..... | | |
| Gender | Male | | Female |
| Child's address including postcode | | | |
| Name of Parents/Carers (and address if different from child's) | 1. | 2. | |
| Contact Telephone Numbers | 1. | 2. | |
| Email Address | 1. | 2. | |
| Name of sibling at Queen's Hill Primary School (if applicable) | | | |

| | | | | | | |
|--|--|--------|---------|-----------|-----------|--------|
| Does your child have an EHCP (Education Health Care Plan)? | | | | | | |
| Do you consider our child to have Special Educational Needs? | | | | | | |
| Is your child in Local Authority Care or Adopted? | | | | | | |
| Would you prefer morning or afternoon sessions? | Morning | | | | Afternoon | |
| Please indicate the sessions you would prefer. Please note, we are not able to offer a combination of morning and afternoon sessions. | | Monday | Tuesday | Wednesday | Thursday | Friday |
| | Morning Session (8:30am - 11:30 am) | | | | | |
| | Afternoon Session (12pm - 3pm) | | | | | |