

Well Green Primary School

Briony Avenue
Hale
Altrincham
Cheshire WA15 8QA
Headteacher: Mrs K Markham
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NURSERY ADMISSION FORM

Information about your child

Surname:	Forenames:
Address:	Postcode:
Date of Birth: <small>(Please provide a photocopy of proof of DOB e.g. birth certificate/passport)</small>	Gender:
Religion:	Home Language:
Please indicate your preference	<input type="checkbox"/> Morning (9.05am—12.05pm) <input type="checkbox"/> Afternoon (12.10pm—3.10pm) <input type="checkbox"/> Full time (9.05am—3.10pm) I believe I am entitled to 30 hours free child care <input type="checkbox"/> Full time (9.05am—3.10pm) I am entitled to 15 hours free child care & wish to pay top up fees of £100 per week
Has your child been looked after by the Local Authority/ is your child adopted?	Yes/No

Details of child's legal parents or guardians

Surname:	Forenames:
Address:	Postcode:
Email address:	Relationship to child:
Telephone number(landline)	Telephone number (mobile)
Surname:	Forenames:

Email address:	Relationship to child:
Telephone number(landline)	Telephone number (mobile)

Does your child have a special educational need or disability, if so please describe those needs:

Are there any physical, medical or behavioural issues of which the nursery should be aware?

Family Doctor (name):
Telephone number:

Are there any other siblings that attend our Nursery/School? If so please give names:

Does your child currently attend a playgroup/Nursery? If yes which one?

Have you applied for a Nursery place elsewhere? Yes/ No
If yes please state name of Nursery:

Any other relevant information

Applications for the Nursery will be carefully considered by the Headteacher and places offered in accordance with the Nursery Admissions Policy. Please note that acceptance into the nursery does not guarantee a place in the main school.

Signed:

Date:

*Legal Parent/Guardian/Foster Parent/Carer
(* please delete)