|  |  |
| --- | --- |
| Churchfields Primary School | **APPLICATION FOR ADMISSION TO A NURSERY CLASS AT CHURCHFIELDS PRIMARY SCHOOL** |

PLEASE TYPE OR COMPLETE IN BLOCK CAPITALS USING BLACK INK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **1. Details of Child** |  | Surname |  |  | First Name(s) |  |  |
|  |  |  |  |
|  |  | Date of Birth(DD-MM-YYYY) |  |    |    |      |  | Boy [ ]  |   | Girl [ ]  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | 2. Details of parent(s) or carer(s) with whom the child lives |  |  |
|  |  |  |
|  | (i) Surname |  | Initials |  | Mr/Mrs/Miss/Ms |  |  |
|  |  |  |
|  | (i) Tel. No. |  | Email address |  | Relationship to child |  |  |
|  |  |  |  |  |  |  |  |
|  | (ii) Surname |  | Initials |  | Mr/Mrs/Miss/Ms |  |  |
|  |  |  |
|  | (ii) Tel. No. |  | Email address  |  | Relationship to child |  |  |
|  |  |  |
|  | Address |  |  |
|  |  |  |
|  | Postcode |  | Borough of Residence |       |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | 3. Type of place |  | **N1** - Half week – Monday & Tuesday all day & Wednesday morning. [ ] **N2** - Half week– Wednesday afternoon & Thursday & Friday all day. [ ] **N3** - Full Time - Monday to Friday all day. Please check eligibility. [ ] <https://www.childcarechoices.gov.uk/>  |  | **Please** **mark your****preference** |  |   |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **4. Details of siblings attending Churchfields Primary School** |  | Surname(s) | First Name(s) | Current Class |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **5. Reasons for application** |  | If you wish to give reasons for your application, please use the space below. |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | If your child has an acute medical or personal reason for needing a place at this school, you must tick this box and provide professionally supported evidence with your application |  | [ ]  |  | Medical / Social report attached |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **6. Declaration** |  | 1. I understand there is no automatic right of transfer from the nursery class to the Reception class at the school. |  |
|  |  |  |
|  |  2. I confirm that the above information is correct to the best of my knowledge and I understand that the Council or school reserve the right to reconsider the offer of a place should the information be incorrect. |
|  |
|  | Signature of Parent/Carer |  | Date |  |  |
|  |  |  |

**Deadline for applications to be received by the school is: 5pm on Friday 6th February 2026**