



Expression of Interest for Nursery

Pupil Information

Surname		First Name	
Date of Birth		Middle Name(s)	
Gender		Preferred Name	

Details of those with parental responsibility for the child

Relationship to child		Relationship to child	
Title	Mr/Mrs/Miss/Ms	Title	Mr/Mrs/Miss/Ms
Surname		Surname	
First name		First name	
Home Address		Home Address	
Postcode		Postcode	
Home Phone No.		Home Phone No.	
Mobile No.		Mobile No.	
Does the child live here?	Y/N	Does the child live here ?	Y/N

Medical Information

Please provide details of any medical conditions/allergies, use a separate sheet if required

Medical Conditions/Allergies

Personal Information

Do you consider your child to have special educational needs? If yes please provide details:
If applicable please provide information regarding any agency that has been involved in your child's care:

Signed (Parent/Carer)		Date	
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Please ensure you keep school updated with any changes to your child's contact details