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**Abbey Wood Nursery School**

**Dahlia Road, Abbey Wood, London SE2 0SX**

**Headteacher: Ms Gill Crowley**

**Tel: 0208 311 0619**

**Email:** [**headteacher@abbeywood-nur.greenwich.sch.uk**](mailto:headteacher@abbeywood-nur.greenwich.sch.uk)

**Application for Admission 2 year old**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s First Name** | |  | | | **Child’s Surname** | |  | |
| **Date of Birth** | |  | | | **MALE/FEMALE** | |  | |
| **Full name of parent(s) or adult(s) with whom child lives:**  **…………………………………………………………………………………….Relationship to Child:…………………………………………**  **………………………………………………………………………………………Relationship to Child:……………………………………….** | | | | | | | | |
| **Home Address:**  **Post Code:** | | | | | | | | |
| **Home Telephone Number:** | | | **Mobile Telephone Number:** | | | | **Work Telephone Number:** | |
| **Email address – please print** | | | | | | | | |
| **Full name, address and mobile telephone number of parent if separated:** | | | | | | | | |
| **Childminder’s Address (please supply photocopy of contract with application):** | | | | | | | | |
| **GP/Health Visitor:**  **Has your child had their 2½ year check? Yes………. No……….** | | | | | | | | |
| **Special Needs (e.g developmental delay, speech delay, medical condition) / any concerns** | | | | | | | | |
| **Need for Place (e.g. poor accommodation, lack of garden, child care difficulties)** | | | | | | | | |
| **OTHER CHILDREN IN FAMILY** | | | | | | | | |
| **Name** |  | | **D.O.B** |  | | **School** | |  |
| **Name** |  | | **D.O.B** |  | | **School** | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please Tick Ethnicity** | | | | | | | |
| Black African |  | Black Ghanaian |  | Black Nigerian |  | Black Caribbean |  |
| Other Black |  | White English/  Scottish/Welsh |  | White Irish |  | White European |  |
| Other White |  | Bangladeshi |  | Chinese |  | Indian |  |
| Pakistani |  | Vietnamese |  | Other Asian |  | Turkish/Turkish Cypriot |  |
| Other |  | Mixed Origin |  | Other/Mixed  Please state: |  | | |

|  |  |
| --- | --- |
| Home Religion |  |
| Language(s) spoken at home |  |
| Has the family refugee status |  |
| Employment Status | Full Time ………. Part Time ………. Unemployed………… Student………….. |

|  |
| --- |
| Any other agencies involved with your family? |
| Name of Intended Primary School: |
| How would you travel to the Centre (please circle)  Walk Car Bus Train Cycle |
| How did you hear about the Centre? |

**Our sessions are: AM 9.00-12.00 / PM 12.45-3.15**

I agree that the school can contact other agencies and share information from any other agency who may be involved.

Signed……………………………………………………………………Relationship to child…………………………………………………

Date……………………………………………

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