****

**Abbey Wood Nursery School**

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

**Headteacher: Mrs Gill Crowley**

**Tel: 0208 311 0619**

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

**Application for Admission**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 9.00-11.30 / PM 12.45-3.15 With one day a week 9.00-3.15**

**Please circle which you would prefer, we are not always able to give you your preferred time but we will try.**

**Monday Tuesday Wednesday Thursday Friday**

**Reason for preferred time: ………………………………………………………………………………………………………………….**

**We have a number of fulltime places 9.00-3.15 if you are interested circle the statement relevant to you.**

**We are entitled to the We would like to pay for I require more**

**30 hour entitlement the additional hours information**

**£135.00 a week**

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……………………………………………

You can find our Privacy notices on the school website, <https://abbeywoodnurseryschool.co.uk/policies/privacy-notice/gdpr>