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| **Godley Community Primary Academy** |

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| **Address:** |  |
|  | **Post Code:** |  |
| **Head Teacher:** |  | **Telephone No:** |  |

|  |  |
| --- | --- |
| **Name of child:** |  |
| **Gender:** | Male [ ]  Female [ ]  | **Date of Birth:** |  |
| **Telephone No:** |  | **Mobile No:** |  |
| **Address:** |  |
|  | **Post Code:** |  |
| **Name of Parent/Carer 1:** |  |
| **Name of Parent/Carer 2:** |  |
| **Names of other children attending in school:** | **Age:** |
|  |  |
|  |  |
| **Does your child or family have any special circumstances for which a nursery place would be of extra benefit? e.g. A medical condition –Please give full details below:** |
|  |
| **Have you registered your child’s name at any other nurseries?** |  |
| **We have two sessions each for, please tick which session you would prefer below:** |
| **Morning only 15 hours – 9.00 am-12.00 pm**  | **All Day 30 hours – 9.00 am – 3.30pm** [ ]  |
| **Although we always try our best to accommodate everyone’s preference it is not always possible. Is there a special reason for your preference?** |
|  |
| **Please note: A place in << insert nursery name >> nursery does not automatically guarantee a place in Reception class.** |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |