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| **Godley Community Primary Academy** |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | |  | | | | | | |