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## Springfield Primary Academy Nursery Application Form

1. Pupil name: .....
2. Date of Birth: ..... Gender: .....
3. Parent/Guardian name: .....
4. Address: .....  
.....  
..... Postcode: .....
5. Telephone Number: ..... Mobile: .....
6. Email address: .....
7. Sibling name and dates of birth, who currently attend Springfield Primary Academy:  
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.....
8. Special reasons which make it advisable for admission:  
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9. Name of previous nursery attended:  
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Signature of Parent ..... Date .....

Contact with parent/guardian will be made the half term before your child is eligible for admission.

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### OFFICE USE ONLY

Date Received ..... Place Offered .....

Date Entered on Records ..... Place Accepted .....

Catchment / Out of Catchment ..... Other Siblings Y / N