



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. Will your child be attending (Please circle): 15 hours (5 sessions) or
 30 hours(10 sessions)
 (30-hour places require an eligibility code)

Preferred sessions: (please tick)

Mon am 9-12noon	Tues am	Weds am	Thurs am	Fri am
Mon pm 12.30-3.30pm	Tues pm	Weds pm	Thurs pm	Fri pm

7. Sibling name and dates of birth, who currently attend Springfield Primary Academy:

8. Name of previous nursery attended:

9. Any additional information:

Signature of Parent Date

OFFICE USE ONLY

Date Received

Place Offered

Date Entered on Records

Place Accepted

Catchment / Out of Catchment

Other Siblings Y / N

Communication with parents: