



# Hall Green Primary School Nursery Application Form

## Child's Details

Surname		Forename(s)	
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Male / Female (delete as appropriate)
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Date of Birth	__ / __ / ____ (DD/MM/YYYY)
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Is your child from a multiple birth (twin, triplet etc)?  
You must complete a separate form for each child

Yes	No
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## Parental Details (1)

Surname		Forename		Parental responsibility: Yes / No
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Relationship to child	
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Home Address	Address line 1 (House number & street)		
	Address line 2 (Area e.g. Friar Park)		
	Town		
	Postcode		

Home phone number		Mobile phone number	
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Work phone number		Email	
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If you have arrived in Britain within the last 3 years, please provide the month and the year of entry and attach a copy of your child's passport and visa.

Month:	Year:
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Is your child in public care or looked after by the local authority?

Yes	No
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Does your child have any siblings at this school?

Yes	No
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If yes, please provide their details:

Name		Date of birth	__ / __ / ____ (DD/MM/YYYY)
Name		Date of birth	__ / __ / ____ (DD/MM/YYYY)
Name		Date of birth	__ / __ / ____ (DD/MM/YYYY)

Has your child attended any other nursery or childcare facility?

Yes	No
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If yes, please provide the following details:

Name of provider	Dates	
	From	To





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Does your child have an Education Health and Care Plan?

Yes

No

Does your child have a disability?

Yes

No

If yes, please provide brief details about the nature of this disability:

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Would you prefer a morning (am) or afternoon (pm) nursery place? Please tick your preference

am

pm

*Please note that we cannot guarantee to offer you your preference*

**I confirm that the details provided are accurate and understand that I must inform the school if this child's circumstances change**

Signature of parent or guardian

Signature	Name	Date

### Privacy and Data Protection

Your personal data is being used by the school for the purposes of an application for admission to school. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed at Hall Green Privacy Statement. Please confirm that you give your consent to the School using your personal data as outlined in our privacy notice, by signing below.

Signature \_\_\_\_\_

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact the school, either in person or via [enquiries@hallgreenprimary.co.uk](mailto:enquiries@hallgreenprimary.co.uk) or 0121 588 2080.

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### ***For office use only***

Date received

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Proof of ID seen (state document provided)

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Copy taken & attached

Yes

No

Checked by

Name: 

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***YOUR CHANCE TO SHINE***