

WEXHAM COURT PRIMARY SCHOOL - NURSERY APPLICATION FORM

Application for PART-TIME Attendance (To be completed by Parent/Carer)

PLEASE WRITE IN BLOCK CAPITALS

Information About Your Child

Forename(s):				
Surname:				
Preferred Forename:				
DOB:		Gender: (Please Circle)		Girl / Boy
Country of origin:		First Language:		
Address:				
Postcode:				
Session Preferred: (Please Circle)	Mornin	Morning Afternoon		Either
Any relevant information	– ie. Illnesses, Allergies	, Behaviour Pi	roblems, Hom	e Circumstances etc:
Previous School attende	ed:			
Parent/Carer Information	o <u>n</u>			
	Mother			Father
Surname:				
Forename:				
Contact No:				
Email Address:				
Family Language:				
Siblings attending	Name:		Year:	
Wexham Court Primary				
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Accommodation is limite consultation with the Go CHILDREN MUST ALW OR RESPONSIBLE AD	vernors. ⁄AYS BE ACCOMPANIE		-	
consultation with the Go CHILDREN MUST ALW	vernors. /AYS BE ACCOMPANIE ULT.	ED TO AND FI	ROM THE NU	