

Nursery Application Form

Please complete in block capitals.

newstarters @davyhulmeprimary.com

Child's Details	
Full Name:	Preferred Name :
Date of Birth:	Gender:
Home address: Postcode:	
Parent/Carer's Details	
Surname:	Other names:
Relationship to the child:	
Home address:	
Town:	Postcode:
Email address:	Telephone Number:
Is the child looked after by social services (in care)? Y/N	
If the child has any educational/medical needs please give a brief description of their needs.	
Does the child have any siblings attending Davyhulme Primary? (Please include names and classes)	
Does your child currently attend a nursery/playgroup? (Please include name of current provision)	
Do you qualify for 30 hours free childcare ? Y/N	
PLEASE NOTE, IF THE ADDRESS IS NOT WITHIN THE CATE	CHMENT AREA OF DAVYHULME PRIMARY SCHOOL, THERE IS
Signed:	Date:
Please complete and return by 15th January (of the year they are due to start) to:	