Great Hockham Primary School and Nursery

Application Form for Nursery Placement

Please complete the form below in full and return it to the school office **as soon as possible** and by 1st July at the latest for September intake, by 1st December for Spring Term intake and by 1st March for Summer Term intake.

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| --- | --- |
| Child’s Name |  |
| Child’s Date of Birth |  |
| Male/Female |  |
| Home Address of Child |  |
| Parent Name  BLOCK CAPITALS please |  |
| Parent Tel/Mob number |  |
| Parent Name  BLOCK CAPITALS please |  |
| Parent Tel/Mob number (if different from above) |  |
| Current Nursery Provider  (where applicable) |  |
| Date you wish your child to start attending |  |
| Days (Monday to Friday) you wish your child to attend initially |  |

Please note, you will be contacted in writing to inform you whether your child has a Nursery place and you will be asked to accept that place and confirm the hours you wish your child to attend.