



The Green  
Datchet  
Berkshire  
SL3 9EJ  
Tel: 01753 542982

School founded 1843  
Head teacher: Miss N Green  
Company number: 8143249

email: [office@datchetstmarysacademy.co.uk](mailto:office@datchetstmarysacademy.co.uk)  
[www.datchetstmarysacademy.co.uk](http://www.datchetstmarysacademy.co.uk)

## NURSERY CLASS APPLICATION FORM

To be completed by Parent/Carer

CHILD'S SURNAME \_\_\_\_\_ CHILD'S FORENAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE/FEMALE

PARENTS/LEGAL GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TOWN \_\_\_\_\_ POSTCODE \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DOCTOR'S NAME, ADDRESS AND TELEPHONE NUMBER \_\_\_\_\_

DOES YOUR CHILD HOLD A STATEMENT OF SPECIAL EDUCATIONAL NEED (SEN) OR EDUCATION HEALTH CARE PLAN?

YES, UNDER GOING ASSESSMENT \_\_\_\_\_ NO \_\_\_\_\_

PLEASE GIVE DETAILS AS APPROPRIATE

\_\_\_\_\_

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IS THERE ANYTHING ELSE YOU THINK WE NEED TO KNOW ABOUT TO ENABLE US TO SUPPORT YOUR CHILD IN NURSERY? (EG ADDITIONAL MEDICAL OR EDUCATIONAL NEEDS)

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DOES YOUR CHILD CURRENTLY HAVE A SIBLING IN THE SCHOOL OR NURSERY?

SIBLINGS NAME \_\_\_\_\_ CURRENT SCHOOL YEAR \_\_\_\_\_

SIGNED PARENT/CARER \_\_\_\_\_

ENCLOSED COPY OF BIRTH CERTIFICATE \_\_\_\_\_

PROOF OF ADDRESS \_\_\_\_\_

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### For office use only

DATE RECEIVED \_\_\_\_\_ CRITERIA    1   2    3    4    5

BIRTH CERTIFICATE SEEN \_\_\_\_\_ PROOF OF ADDRESS SEEN \_\_\_\_\_

START DATE FROM \_\_\_\_\_ OFFER PLACE \_\_\_\_\_

