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|  | **Deanery C.E. Primary School**  **Academy Status**  Fox Hollies Road, Walmley, Sutton Coldfield. B76 2RD  Tel: 0121 351 6615/6441 Fax: 0121 313 0320  E-mail – [enquiry@deanery.bham.sch.uk](mailto:enquiry@deanery.bham.sch.uk)  Head Teacher: Mrs Jayne Luckett |
| **LITTLE HOLLIES NURSERY APPLICATION FORM 2020** | |

**Morning Session 9.00 am -12.00 noon**

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| **DETAILS OF CHILD** | |
| Surname: Forenames: Other Names: | |
| Date of Birth : | Gender: Male/Female |
| Address:  Postcode: Contact Tel. No: | |
| Name(s) of other children already in Deanery CE Primary School  Class: | |
| Name of present/previous Nursery/Playgroup: | |
| Are there any agencies involved? e.g. speech therapy pre-school team, social services?  If yes, please give details.  Have you any other concerns**:** | |
| Mother’s Full Name: Title:  Address if different to child:  Contact details : Work: Mobile: | |
| Father’s Full Name: Title:  Address if different to child:  Contact details : Work: Mobile: | |
| Please indicate if your child is Looked After or Previously Looked After by the Local Authority. | |
| Please indicate if your child has an Education, Health and Care Plan (EHCP) | |
| **I certify that to the best of my knowledge the information I have supplied is complete and correct.**  **SIGNATURE OF PARENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| ***This part must be completed by your Vicar/Minister*** *–* ***Please complete all sections particularly date the family started attending church.*** *\**Regular church attendancemeans *“attendance at church worship at least twice a month and for at least one year preceding the date of admission”.*  NAME OF VICAR: ………………………… NAME OF CHURCH:..........................…....………….…………  DENOMINATION: ....................………………………………… TEL. No. ………………………………………..  ADDRESS:……………………………………………….………………………..…………………………………..  Have the parents attended church since September 2019 ………………………………………………………..  Have parents attended at least twice a month since this date? ……………………………… …………………..  I certify that to the best of my knowledge the information I have supplied is complete and correct.  **SIGNATURE OF VICAR OR MINISTER:........................................... DATE: ........................** | | |

**ADMISSION TO THE NURSERY DOES NOT GUARANTEE A PLACE IN THE SCHOOL.**(A separate application must be made for school)

**CLOSING DATE FOR APPLICATIONS: FRIDAY 27 MARCH 2020**

**OFFER LETTERS WILL BE POSTED ON FRIDAY 1 MAY 2020**

**CONTACT THE SCHOOL FOR FURTHER INFORMATION.**

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| **OFFICE USE ONLY.**  **Date received in office:** | **Birth Certificate:**  **Seen YES/NO** | **Proof of Residency:**  **Seen YES/NO** |
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