

## 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 – <u>enquiry@deanery.bham.sch.uk</u> Head Teacher: Mrs Jayne Luckett

## LITTLE HOLLIES NURSERY APPLICATION FORM 2019

## Morning Session 9.00 am -12.00 noon

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 P	rimary School Class:		
Name of present/previous Nursery/F	Playgroup:			
If yes, please give details.	e.g. speech ther	apy pre-school team, social services?		
Have you any other concerns:	<b>T</b> :(1			
Mother's Full Name: Address if different to child:	Title:			
Contact details : Work:	Mobile	2:		
Father's Full Name:	Title:			
Address if different to child:				
Contact details : Work:	Mobile			
-		iously Looked After by the Local Authority.		
I certify that to the best of my kno	wledge the inf	formation I have supplied is complete and correct.		
SIGNATURE OF PARENT:		DATE:		
	<b>ch.</b> *Regular c	ister – <u>Please complete all sections particularly date</u> hurch attendance means "attendance at church worship ceding the date of admission".		
NAME OF VICAR:	NAME	OF CHURCH:		
DENOMINATION:		TEL. No		
ADDRESS:				
Have the parents attended church s	ince Septembe	r 2017		
Have parents attended at least twice	e a month since	e this date?		
I certify that to the best of my knowledge	edge the inform	ation I have supplied is complete and correct.		
		DATE:		
ADMISSION TO	THE NURSERY DO	DES NOT GUARANTEE A PLACE IN THE SCHOOL.		

(A SEPARATE APPLICATION MUST BE MADE FOR SCHOOL).

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