



Headteacher Mr M Parkinson

Nursery Application Form

Name of Child

Date of Birth

Male/Female* (Please delete)

Address (including postcode)

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Parent 1 – Name Tel Number

Parent 2 – Name Tel Number

If given a preference, I would like my child to attend nursery in the Morning/Afternoon*

*Please note that we cannot guarantee a particular session, but will endeavor to meet your requirements where possible)

Is it your wish that your child will continue into main school at Dunston after Nursery - Yes/No

Any other information you think may be relevant

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Signed Date

For office use only

Date received		RM		Allocated	
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