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| **Nursery Application**  **Wadsworth Fields Primary School** | | | | | | | | | | | | | | |
| **Date of application** | |  | | | | | | | | | | | | |
| **Childs full name** | |  | | | | | | | | | | | | |
| **Date of birth** | |  | | | | | | | **Male** | | | | **Female** | |
| **Name of parent(s)/carer(s)** | |  | | | | | **Relationship to child** | | | | |  | | |
|  | | | | | **Relationship to child** | | | | |  | | |
|  | | | | | **Relationship to child** | | | | |  | | |
| **Address** | |  | | | | | **Telephone no.** | | | | |  | | |
| **Email** | |  | | | | | | | | | | | | |
| **Details of any additional needs** | |  | | | | | | | | | | | | |
| **LAC** | | **Yes No** | | | | | | | | | | | | |
| **Siblings currently attending Wadsworth Fields** | |  | | | | | | | | | | | | |
| **Name of playgroup or nursery currently attending** | |  | | | | | | | | | | | | |
| **30 Hours** | | |  | | | **15 hours** | | | | | **ourshours** | | | |
| **Once completed return or email to:**  Wadsworth Fields Primary School  Wadsworth Road  Stapleford  NG9 8BD  Email: [office@wadsworth.notts.sch.uk](mailto:office@wadsworth.notts.sch.uk)  Tel: 0115 9496720 | | | | | | | | | | | | | | |
| **TO BE COMPLETED BY SCHOOL** | | | | | | | | | | | | | | |
| **SLT** |  | | | | **Waiting**  **List** | | |  | | | | | | |
| **Place offered** | **am** | | |  | **pm** | | |  | | **30 hours** | | | |  |
| **30 Hour Code** |  | | | | | | | | | | | | | |
| **If rejected reason why** |  | | | | | | | | | | | | | |
| **Term starting** |  | | | | **Date parents notified of outcome** | | | | |  | | | | |