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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 SchoolWadsworth RoadStaplefordNG9 8BDEmail: office@wadsworth.notts.sch.ukTel: 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** |  |