

Tunstall Nursery School

Tunstall Road,
Croydon,
CR0 6TY

Tel 020 8654 0371

Email: admin@tunstall.croydon.sch.uk

Website: www.tunstall.croydon.sch.uk

2 YEAR OLD APPLICATION FORM

Child's FULL NAME

Date of Birth

Boy

Girl

Name of person with Parental Responsibility

(please circle)

Mr/Mrs/Miss/Ms.

NI Number

Date of Birth

<input type="text"/>	<input type="text"/>
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Home Address

Contact Details

Email

Home
No.

Mobile

Main languages spoken at home

1.

2.

3.

Previous Nursery/Pre-School attended _____

How did you hear about Tunstall Nursery School? _____

Please state if your child has any Learning Difficulties _____

Please state if your child has any Medical Needs _____

Is the child named above in public care (i.e., resident with a foster carer or in a children's home)?

Yes No (please tick appropriate box)

If "Yes", please provide the following details

(a) Name of assigned Social Worker Contact No

(b) Local Authority with whom the child is in care

(c) Date on which the child took up residence at the address quoted above

If there are any special reasons which make your child's admission to the nursery particularly desirable, please outline them below. You should include any medical, social or educational factors or any other relevant information.

(Please attach separate sheet if necessary)

I attach a letter of support from any other professionals involved with the family, who may be contacted about my application.

Name Telephone No

Address

Professional status

Please provide details of other children in the family

Name	Date of Birth	School attended

**Which session would you prefer if it can be offered to you
(please tick appropriate box)**

1. Morning Session 8.30 to 11.30am

2. Afternoon Session 12.30 to 3.30pm

DECLARATION

I understand that

(a) there is no guarantee that a place can be made available at this nursery;

(b) the length of time that my child's name has been on the waiting list will not be taken into account when places are allocated;

Signature of Parent

Date

FOR SCHOOL USE: Priority status to be granted to this child, if applicable:

'Looked after' child Sibling Medical Other

**Signature of Headteacher/
Admin. Assistant at school**

Date