## **Nursery Class Application Form**

## Burdett-Coutts & Townshend Foundation CE Primary School

## Burdett-Coutts & Townshend Foundation CE VA Primary School is a Church of England primary school. We have children of different faiths, and of none. Please note that our children attend church each week.

Date application received by the school office: ......

| This form is for the academic year:           |  |
|---|--|
| First name of child                           |  |
| Surname of child                              |  |
| Gender  |  |
| Ethnicity                                     |  |
| Religion                                      |  |
| Who does the child live with Monday – Friday? |  |
| Language(s) child speaks fluently             |  |
| Borough of child's home address               |  |
| Home address of child                         |  |
| Home telephone number of child                |  |
| Name of Mother                                |  |
| Work number                                   |  |
| Mobile number                                 |  |
| Language(s) Mother speaks                     |  |
| Name of Father                                |  |
| Work number                                   |  |
| Mobile number                                 |  |
| Language(s) Father speaks                     |  |

| Does your child have any brothers or   |  |
|--|--|
| sisters? If yes, please list their names,  |  |
| ages and schools that they attend  |  |
|  |  |
|  |  |
| Name and address of your child's   |  |
| current Nursery / Playgroup  |  |
|  |  |
|  |  |
| Name and address of very place of  |  |
| Name and address of your place of worship  |  |
| worship  |  |
|  |  |
|  |  |
| Name of Priest / Minister / Leader   |  |
|  |  |
| Is a <b>social worker</b> or the <b>children's</b>                                 |  |
| <b>services</b> involved with your family? If yes, please give a brief explanation |  |
| yes, piease give a brief explanation   |  |
|  |  |
| Emergency contact name and mobile  |  |
| number   |  |
| D 1311 31 12   |  |
| Does your child have special needs?  |  |
| If yes, what is/are their need(s)?   |  |
|  |  |
| Name and address of family doctor  |  |
| /GP  |  |
|  |  |
| Ara you (naront) a mambar of the   |  |
| Are you (parent) a member of the Armed Services?                                   |  |
| Aimed Services:  |  |
| Is your child entitled to Free School  |  |
| Meals?   |  |
|  |  |

-----Office only-----

## Items checked

- o Birth Certificate
- FSM eligibilityRefugee or asylum seeker status