

ST. MICHAEL'S C.E. (AIDED) PRIMARY SCHOOL



Application for a Nursery School Place

PERSONAL DETAILS

Name of Child: Surname Other Names:

Home Address:

Post Code:

Date of Birth: Gender:

Religion: Home Language:

CHILD'S LEGAL PARENT/GUARDIAN/CARER:

(1) Mr/Mrs/Miss/Ms Surname Other names:

Relationship to child:

Home Address:

..... Post Code:

Email address

Contact Nos. Home Business Mobile

(2) Mr/Mrs/Miss/Ms Surname Other names

Relationship to child

Address (if different from above)

..... Post Code

Contact Nos. Home Business Mobile

Enhanced Nursery Provision 30 hours	I will be applying for a 30 hour code and will submit my code, together with my National Insurance Number to school once this is completed. <input type="checkbox"/>	Or provide your 11-digit Code <table border="1" data-bbox="837 286 1436 342"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											

If possible I would like my child to attend the following sessions :

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm
Lunch		Lunch		Lunch		Lunch		Lunch	

Without the code sessions are £15
Lunch is £3 for dinner staff supervision.

Is your child receiving Nursery Provision currently? YES/NO	If yes please provide name of current nursery -
Have you applied for a Nursery Place elsewhere?	
Have you any other childcare arrangements?	

Signed by legal guardian/parent /carer _____

Date _____

PLEASE COMPLETE THE FORM AND RETURN IT TO:

Nursery Admissions – St Michael’s C.E Primary School, The Grove, Flixton, Manchester, M41 6JB or email to office@smfsflixton.co.uk