

Laygate Community School Nursery Waiting List Application



Pupil Surname: _____

First Name(s): _____

Pupil is known as (preferred first name): _____

Date of Birth: _____

Gender: Male Female

Address: _____

Postcode: _____

Telephone No.: _____

E-mail Address: _____

Health Visitor: _____

If you change your phone number, please inform school ASAP

Siblings in school: _____

Previous Nursery: _____

Type of nursery placement required: Temporary Permanent

For school funding we require some additional information.

Mother's name: _____ DOB: _____

National Insurance Number/NASS Number: _____

Father's name: _____ DOB: _____

National Insurance Number/NASS Number: _____

You may be eligible for additional support and services from Riverside Children's Centre. If you would like us to share your details with them, please let us know.

Yes No

Please return this form to school with your child's birth certificate/Passport/Identify Card as proof of age.

Office use only:

Date received: _____ **By:** _____