## Nursery Class Application Form



## About your child:

Child's full name:	
Home Address	
Date of Birth:	Gender:
Date of Billing	bender
Home Languages:	
About you:	
Your full name:	
Relationship to Child:	
Home Address:	
Home Telephone:	
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Mobile Telephone:	
Work Telephone:	
Email Address:	
Additional Questions:	
Does your child have a statement of Special Educational Needs? Yes/No	
If your child has special educational needs but does not have a statement, please describe those needs below.	
Does your child have any physical, medical or behavioural problems of which the nursery should be aware?	



Is there anything else about you child that you would like us to know?	
Please could you circle if your child is/ was:	
Adopted/ Looked after by the local authority/ previously looked after by the local authority/ None	
Does your child have any siblings (brothers/ sisters) that currently attend Oasis Academy Harpur Mount? Yes/No	
Ef Yes, please give their full name below:	
Does your child attend a playgroup or nursery? Yes/No	
If so, please give the name below:	
When did they start?	
gned: Date:	
ease circle your role - Legal Parent/ Guardian/ Foster parent/ Carer	

Thank you for applying to Oasis Academy Harpur Mount Nursery, we will contact you when your child is eligible for a school nursery place.

DATA Protection: to view our policy on how we use your information please use the link below

http://www.oasisacademyharpurmount.org/content/information-sharing-6

