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| sunning Hill logo | **SUNNING HILL NURSERY**  **ADMISSION FORM** | | | |  |
| **Office Only -** Start Date**:** Preferred session time AM or PM | | | | | |
| Name of child:  Gender  Date of birth | | | Please tick if you wish for your child’s name to be placed on the schools reception admission list (Please note – you will still need to register with the Local Council). | | |
| Home address: | | | Postcode:  Telephone number:  Emergency contact: | | |
| Email: | | | Religion: | | |
| Ethnicity: | | | Language spoken at home: | | |
| Country of Birth : | | |  | | |
| *Medical Details*  Doctor:  Address: | | | Postcode:  Telephone number: | | |
| Please give details of any special educational needs, medical needs, allergies, dietary requirements: | | | | | |
| Name of any siblings | | Date of birth | | School Attending | |
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| Parents/Guardians names in full | | Date of birth | | Relationship to child | |
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| I certify that the information given on this form is accurate.  Name of parent/carer: Signature: Date: | | | | | |
| *Please note that admission into the nursery at Sunning Hill Primary School does not guarantee a place in the Reception class. Admissions for Reception class places are administered by the local authority.* | | | | | |