|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Click to view | **WEST KIRBY PRIMARY SCHOOL**    **FOUNDATION 1/NURSERY APPLICATION FORM** | | | | Click to view |
| Child’s Surname | |  | Child’s First Name: |  | | |
| Child’s Middle Name | |  | Known to Family as: |  | | |
| Date of Birth | |  | Child’s Religion |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent 1 |  | Name of Parent 2 |  |
| Permanent Address |  | Permanent Address  *(if different)* |  |
| Postcode |  | Postcode |  |
| Telephone Numbers | Home:  Mobile: | Telephone Numbers | Home:  Mobile: |
| Email Address |  | Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s First Language |  | Languages Spoken at Home |  |
| Does your child stay with a childminder | YES / NO\*  *Delete as applicable* | Has your child had any pre- nursery/F1 experiences? | YES / NO\*  *Delete as applicable* |

|  |  |
| --- | --- |
| Please state name and address (if applicable): | |
| Playgroup |  |
| Creche |  |
| Family Centre |  |
| Parent/toddler group |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please give the names and addresses of two people who live close to the school and who can be contacted in case of an emergency: | | | |
| First Contact |  | Second Contact |  |
| Relationship to child  (e.g. granny/friend) |  | Relationship to child  (e.g. granny/friend) |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Telephone Numbers | Home:  Mobile: | Telephone Numbers | Home:  Mobile: |

|  |  |
| --- | --- |
| Name of Family Doctor |  |
| Address |  |
| Medical Information  (e.g. allergies, asthma, receiving speech therapy, any regular medication) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Health Visitor  (if known) |  | Telephone: |  |
| Name of Social Worker  (if appropriate) |  | Telephone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you applied for an F1/ nursery place at any other school? | YES / NO\*  *Delete as applicable* | If yes, please state name of school |  |

**Family Details**

|  |  |  |
| --- | --- | --- |
| Name of child in family  (oldest first) | Date of Birth | Name of School  (if appropriate) |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**Additional Information to support your application:**

Places in this Foundation 1/Nursery Class will be allocated at the end of the **Spring Term**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Parent |  | Date |  |

**Thank you for completing this Application Form.**

**If you require any further information please call the School Office on 0151 625 5561.**

**Please return this completed form to West Kirby Primary School by either:**

**Mrs E Bailey**

**West Kirby Primary School**

**Anglesey Road**

**West Kirby**

**Wirral**

**CH48 5EQ**

**Email to** [**schooloffice@westkirby-primary.wirral.sch.uk**](mailto:schooloffice@westkirby-primary.wirral.sch.uk)

**OR post to:**



**Thank you**