|  |  |  |
| --- | --- | --- |
| 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 Child’s Mother |  | Name of Child’s Father |  |
| 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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|  |  |  |
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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 K Takashima**

**West Kirby Primary School**

**Anglesey Road**

**West Kirby**

**Wirral**

**CH48 5EQ**

**Email to** **schooloffice@westkirby-primary.wirral.sch.uk**

**OR post to:**



**Thank you**