



APPLICATION FOR A 2 YEAR OLD NURSERY PLACE AT SHAFTESBURY PARK SCHOOL

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

1. Details of child	Surname		First name(s)	
	Date of birth	/ /	Boy	<input type="checkbox"/>
			Girl	<input type="checkbox"/>
				Please tick

2. Details of parent(s) or guardian(s) with whom child lives				
(i) Surname		Initials		Mr/Mrs/Miss/Ms
(i) Home Tel. No.		Work Tel. No.		Relationship to child
(i) Email Address				
(ii) Surname		Initials		Mr/Mrs/Miss/Ms
(ii) Home Tel. No.		Work Tel. No.		Relationship to child
(ii) Email Address				
Address				
	Postcode	Borough of residence		

3. Reasons for application	If you wish to give reasons for your application, please use the space below.
If your child has an acute medical or personal reason for needing a place at this school, you must tick this box and provide professionally supported evidence with your application	<input type="checkbox"/>
Medical / social report attached	

4. Details of siblings attending this school	Surname(s)	First name(s)	Date of birth
			/ /
			/ /
			/ /

5. Type of place required

Early Education places

Shaftesbury Park provides places from 08.55 – 15.15. (For prices, please see current price list).

Please note: a minimum of two days is required.

Please tick a minimum of two days

Mon

Tue

Wed

Thu

Fri

6. Additional paid-for services

Extended day services

Shaftesbury park offers extended day services from 07.30 to 18.00 as a separate, payable service.

Please note: this is a contracted service and children must attend the same sessions every week.

Please tick one of the following options

This is something I require. Please send me further information.

This is not something I require at this time.

7. Declaration

I hereby confirm that the above information is correct

Signature of parent

Date

/ /

For school use only

Place offered:

Yes

Part-time

Full-time

Date of admission:

/ /

UPRN

or

No

Please state reason below:

Signature of Headteacher / Admin

Date

/ /