

**APPLICATION FORM FOR KINGSGATE PRIMARY SCHOOL NURSERY  
(FULL TIME ONLY)**

**Section 1 - Child's and parent/guardian's details**

Child's first name .....

Child's surname .....

Address .....

.....Post code.....

Date of birth .....

Gender Boy / Girl

Mothers/guardian's full name .....

Mobile number .....

Email address .....

Fathers/guardian's full name .....

Mobile number .....

Email address .....

**Section 2 – Priority reasons for admissions**

Does your child have an Education Health Care Plan Yes / No If yes, please attach a copy

Is there a brother or sister currently attending Kingsgate Primary School Yes / No

If yes, please provide their name and class .....

Do you have a specific educational, medical or social reason for choosing Kingsgate Primary School? Yes / No

If yes, please submit a written explanation. This can be considered if supported by a professionals report

Are there any special factors that affect your child's need for a nursery place?

Yes / No If yes, please give details .....

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**PLEASE NOTE THAT A NURSERY PLACE DOES NOT GIVE AUTOMATIC RIGHT OF TRANSFER TO THE RECEPTION CLASS. YOU WILL NEED TO APPLY DIRECTLY TO THE LOCAL AUTHORITY AT THE APPROPRIATE TIME.**

I confirm that the above information is correct at the time of completing this form

Parent/Guardian signature ..... Date .....