APPLICATION FOR CONWAY SCHOOL NURSERY CLASS

Important: If any address or contact details change at any time, please inform the office immediately or this may affect any offer we can make.



Male	Female
Child's SURNAME:	
Child's FIRST NAME:	
Date of Birth:	//
Full Name of adult with wh	om the child lives:
Address:	
	Postcode
Telephone No.	Mobile
Place of Work:	Tel.No
Main Language Spoken:	
Does your child have any p	particular medical, social or educational needs?
Siblings (brothers or sister	s) at Conway School: (please give their full name and current class)
This nursery place is giv to another nursery.	en on the understanding that you will not be taking your child
I understand that there is	no automatic right of transfer from the nursery class to the main school.

Signed	Date
FOR OFFICE USE ONLY:	
LETTER OF PLACE CONFIRMATION SENT	DATE:
OFFER LETTER SENT	DATE:

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