

APPLICATION FORM



Child's Surname :		Boy <input type="checkbox"/> Girl <input type="checkbox"/> Please TICK ✓	
Child's First Names :			
Date of Birth :	Session Preferred : <i>Please be aware that we are unable to guarantee your preference.</i>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Either	
Current Address :			
	Home Language :		
	Religion :		
Postcode :	Ethnic Origin :		
Home Telephone Number :			
Name of mother/guardian :		Mobile No. :	
Name of father/guardian :		Mobile No. :	
Email address :			
Names and ages of children who have attended or are attending this nursery :			
1.			
2.			
3.			
4.			
Does your child currently attend a pre-school? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please give details :			
Does your child have special needs? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please give details : <i>Please continue on a separate page or overleaf if appropriate</i>			
Signature :		Print Name :	Date :

Please return this form to :

The Lawns Nursery School, Imperial Road, Windsor, Berks SL4 3RU • Tel: 01753 865351 • email: lawns@rbwm.org.uk

FOR OFFICE USE ONLY	Date Application Received :
Comments :	Admissions Offer :
	Group :
	Part Time Details :
	Notes :