Principal Burtons Way

Miss. D. Givens Smith’s Wood

BA (Hons), Q.T.S Birmingham

B36 0SZ

Tel: 0121 779 8050

# Application for a nursery place

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s details | | | |
| Surname |  | | |
| Forename |  | Gender |  |
| Middle name |  | Date of birth |  |
| Current childcare |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home address | | | | |
| Flat no / building name |  |  | | |
| Number / street |  |  | | |
| District |  | | | |
| Town |  | | Post code |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact details for parent/carer | | | | |
| Title: Mr/Mrs/Miss/Ms |  | Phone (day) |  | |
| Surname |  | Phone (evening) |  | |
| Forename |  | Phone (mobile) |  | |
| Email address |  | | | |
| Relationship to child |  | Do you have parental responsibility? | | **Yes / No** |

|  |  |  |  |
| --- | --- | --- | --- |
| Brothers or sisters who will be attending at the same time | | | |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |

|  |  |
| --- | --- |
| Additional information about your child | |
| Does your child have an education, health and care plan? | Yes / No |
| Is your child “looked after” by a local authority (in care)? | **Yes / No** |
| If yes, which local authority? |  |

|  |  |
| --- | --- |
| Are you taking up part of your provision with another provider? |  |
| If yes, name the provider |  |
| If you have been offered provision elsewhere be sure to let everyone know where your child is going to attend | |

**Please return this application form to:**

**Smith’s Wood Primary Academy email: nurseryapplications@smithswoodpri.solihull.sch.uk**