

APPLICATION FOR ADMISSION TO NURSERY

CHILD'S SURNAME

FORENAMES Male Female
Please tick as appropriate

DATE OF BIRTH

ADDRESS

..... POST CODE

TELEPHONE NUMBER Home _____ Mobile _____

The nursery sessions are (Please tick one box as appropriate)

- 8.50am – 11.50am**
- 12.30pm – 3.30pm**
- Either session would be acceptable**

NAMES & DOB OF BROTHERS/SISTERS CURRENTLY ATTENDING LYNCREST

.....

LANGUAGE NORMALLY SPOKEN IN THE CHILD'S HOME (PLEASE PRINT)

.....

SIGNED (Mr, Mrs, Miss, Ms) DATE

(PARENT / GUARDIAN) Please Print Surname

I understand that I will need to apply for a school place through NCC admissions department even if my child attends Lyncrest Nursery.

If you wish to visit the Nursery you will be most welcome, please ring for an appointment.

Please return this form to: School Office at Lyncrest Primary School

FOR OFFICE USE ONLY

Lyncrest Primary School

I confirm that I have received the Nursery application form for _____ and they are on the waiting list.

Please note that you will still need to apply for a school place through NCC admissions department even if your child attends Lyncrest Nursery Unit.

Signed _____ Bursar/Admin Assistant

Date _____