

Nursery Admission Form

Child's Full Name: Gender:

Child's Date of Birth:

Address:

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Post Code:

Tel No: Mob:

Email:

Is your child a looked after child? e.g. fostered Yes / No

Does your child have a Special Educational Need? Yes / No

Please give details

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Names & d.o.b's of siblings at Amberley Primary School

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Preference of AM or PM place AM (8.45-11.45) [] PM (12.30-3.30) []

(This cannot be guaranteed)

Contact Name (Mother/Father)

I declare the above information is correct.

Signature of Parent/Guardian:

Date:

Please return to Amberley Primary School

East Bailey

Killingworth

NE12 6SQ

Tel No. 0191 2008344

