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| sunning Hill logo | **SUNNING HILL NURSERY****ADMISSION FORM** |  |
| **Office Only -** Start Date**:** Preferred session time AM or PM  |
| Name of child:GenderDate of birth | Please tick if you wish for your child’s name to be placed on the schools reception admission list (Please note – you will still need to register with the Local Council).  |
| Home address:  | Postcode:Telephone number:Emergency contact: |
| Email: | Religion: |
| Ethnicity: | Language spoken at home: |
| Country of Birth : |  |
| *Medical Details* Doctor:Address: | Postcode:Telephone number: |
| Please give details of any special educational needs, medical needs, allergies, dietary requirements: |
| Name of any siblings | Date of birth | School Attending |
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| Parents/Guardians names in full | Date of birth | Relationship to child |
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| I certify that the information given on this form is accurate.Name of parent/carer: Signature: Date: |
| *Please note that admission into the nursery at Sunning Hill Primary School does not guarantee a place in the Reception class. Admissions for Reception class places are administered by the local authority.* |