

Seghill First School

Main Street North, Seghill
Northumberland, NE23 7SB

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admin@seghill.northumberland.sch.uk

Headteacher: Miss T Chappell



Nursery Application Form

Child	
Name of child	
Date of birth	
Address	
Postcode	
Name of sibling in school (if applicable)	
Name of childminder (if applicable)	
Name of nursery / playgroup / setting (if applicable)	
Any other relevant information, including support from external agencies, special educational needs etc	
Preferred start date	<input type="checkbox"/> January after my child is 3 (birthday between 01 September and 31 December) <input type="checkbox"/> September after my child is 3
Hours required (*if available)	<input type="checkbox"/> 15 hours <input type="checkbox"/> 30 hours*

	Parent 1		Parent 2	
Name				
Relationship to child				
Parental responsibility	yes	no	yes	no
Address if different to overleaf				
Contact telephone number				
Email address				
Date of birth				
National Insurance number				
Correspondence	<input type="checkbox"/> parent 1 only		<input type="checkbox"/> parent 2 only	
	<input type="checkbox"/> both parents in separate communication		<input type="checkbox"/> both parents in joint communication	

We ask for your date of birth and National Insurance number as we routinely check to see if your child is eligible for Early Years Pupil Premium funding.

Signed	
Date	

For school use only

Date received	
Cohort	