Seghill First School 

Main Street North, Seghill

Northumberland, NE23 7SB

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Headteacher: Miss T Chappell

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**Nursery Application Form**

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| --- |
| **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 | 🞏 January after my child is 3 (birthday between 01 September and 31 December)🞏 September after my child is 3  |
| Hours required (\*if available) | 🞏 15 hours🞏 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 |  parent 1 only |  parent 2 only |
|  both parents in separate communication |  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 |  |