Seghill First School 

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Headteacher: Miss T Chappell

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**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 | 🞏 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 |  |