

Kirklevington Primary School Nursery Application Form

Please complete this form and return it to the school office or via email to kirklevington@kirklevington.org.uk

Section One -Your Child			
Child's Surname:			
Child's First Name:			
Child's Middle Name:			
Gender:			
Date of Birth:			
Full Home Address:			
Postcode:			
Will your child be eligible for Free School Meals?		Yes / No	
Section Two – Further	r Information		
Is your child currently attending a Nursery?		Yes / No	
If Yes, which Nursery d	o they attend?		
Does your child have a sibling that currently attends Kirklevington Primary?		Yes / No	
Sibling name:			
Does your child have any additional needs?		Yes / No	
If Yes, please briefly su	mmarise:		
Does your child have any allergies?		Yes / No	
If Yes, please briefly su	mmarise:		



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Section 3 – Your Details		
Parent/Carer One Name:	Parent/Carer Two Name:	
Relationship to Child	Relationship to Child	
Address:	Address:	
Postcode:	Postcode:	
Telephone 1:	Telephone 1:	
Telephone 2:	Telephone 2:	
Email:	Email:	
National Insurance Number: (if claiming for 30 hours)	National Insurance Number: (if claiming for 30 hours)	
Are you employed by HM Forces? Yes / No	Are you employed by HM Forces? Yes / No	
Section 4 - Please Select One Option		
Option A – 15 hours Monday to Friday 9:00am to 12:00pm		
Option B - 30 hours* Monday to Friday 9:00am to 3:00pm		
A valid 30 hour code is required for your child to stay 30 hours. This must be obtained from HMRC. Limited 30 hour spaces are available and are allocated on a first come, first served basis. If your child attends for 30 hours you can provide your child with a packed lunch or pay for a school meal, which is currently charged at £2.50 per day.		
Signature of Parent/Carer:	Date:	