

SWINDON ACADEMY APPLICATION FORM FOR NURSERY

Tel: 426900

We welcome parents and their children to visit our provisions for 2, 3 and 4 year olds at the Academy both at Beech Avenue and Alton Close. Please telephone the school on the above telephone number to make an appointment.

Site required Beech Avenue/Alton Close (Please circle)

Which place do you require? 2 year old/3 year old/4 year old
(Please circle)

Do you have funding in place for your 2 year old? YES / NO
(Please circle) (NOTE: 3 and 4 year olds automatically get 15 hours funding over 38 weeks per year)

Child's forename(s): _____ Male/Female (please circle)

Child's surname: _____ Date of Birth: _____

Child's address: _____

Post Code: _____ Tel No: _____ Mobile No: _____

Forenames & surnames of parents/guardians: (Mr/Mrs/Ms)

Parent 1: _____ National Insurance Number: _____

D.O.B.: _____

Parent 2: _____ National Insurance Number: _____

D.O.B. _____

Name and D.O.B. of other children in family: _____ D.O.B. _____

_____ D.O.B. _____ D.O.B. _____

(Please fill in a separate application form for younger siblings to attend Nursery)

Schools attended by older children: _____

Does your child attend a playgroup/nursery? YES/NO

If yes, which playgroup/nursery? _____

Date started: _____

(You may be required to give notice to the playgroup/Nursery so please make sure that you notify them of the move and ask about notice periods.)

Our Nursery prepares the children for entry into Swindon Academy and therefore children attending the Nursery usually transfer into the Reception class once an application has been made to Swindon Borough Council at the appropriate time.

Have you any concerns about your child's health or development?
(E.g. hearing, sight, speech etc.)_

Are there any particular dietary needs?

Name and address of Health Visitor: _____

Name and address of Doctor or Surgery:

Tel.No: _____

Religion:

Does your child use any language at home other than English? If so what?

Do you have any concerns with his/her behaviour?

I confirm that I would like my child to attend Swindon Academy Nursery.

Signed parent/guardian

Date

Email address:

*A HOME VISIT WILL BE ARRANGED PRIOR TO YOUR CHILD'S
ENTRY TO OUR PROVISIONS. THIS IS TO EXPLAIN NURSERY/SCHOOL PROCEDURES/POLICIES
AND ANSWER ANY OF YOUR QUERIES.*

**Thank you for your help.
Please return your form to Primary Reception (Beech Avenue) or
Primary Reception (Alton Close)**