

ALL SAINTS' NURSERY APPLICATION FORM



Name Of Child

Surname: First Name(s):

Date of Birth:/...../.....

Home Address:

Address:

Town:

Postcode:

Parents/Guardians:

1) Name Email:

Tel No (Mobile) (Home)

2) Name Email:

Tel No (Mobile) (Home)

National Insurance Number of lead parent applying:

(Trafford Council Request This Information on All Applications)

NI No: Parent DOB:

Church of Baptism: Date of Baptism:

(Please attach a copy of the baptism certificate)

Siblings: (Names of any children who will be at All Saints' school at the time of the proposed admission)

1. 2.

3. 4.

Sessions: **(please delete as appropriate)** MORNING / AFTERNOON / BOTH / EITHER

(We do try to accommodate parents' preferences but we cannot guarantee that you will be allocated the session of your choice).

Please note that attending All Saints' Nursery does not guarantee a place in the school.