

# SPEEN CHURCH OF ENGLAND SCHOOL



## NURSERY APPLICATION FORM

CHILD'S FULL NAME (Family name first)			
Date of Birth		___/___/___	Sex: Male/Female
Address (at which child normally lives)		Postcode	
Telephone Numbers	Home Telephone:	Daytime Telephone:	Mobile:
Present School / Nursery/Playgroup			
Address of Present School/Nursery/Playgroup			
Preferred Term Of Entry (term after 4 <sup>th</sup> birthday or later?)	January	April	
Does your child have Speen Church of England named on a Special Education Needs Statement?			YES/NO
Is your child 'looked after' by Bucks County Council or another authority?			YES/NO
Does the child normally live with a parent/guardian in the defined catchment area?			YES/NO
Do you already have child/children at this school?	YES/NO	Name	Date of Birth
Will your child have brother/sister in Years 3 to 6 at a St. John's School, Lacey Green at the time of admission?			YES/NO
Name			DOB
Have you regularly attended Christian worship at least once a month for the previous year to the date of application? If yes, please complete the supplementary information form.			YES/NO
Other Siblings	YES/NO		
Name	Date of Birth	School	

The closing date for applications for the following academic year is the **second Friday in October**. Places will be allocated by the first Friday in November.  
Parents may appeal to the governors within 21 days if their application is not accepted.

Signed \_\_\_\_\_

Date \_\_\_\_\_