Poppyfield Primary Academy

Nursery Application Form

Child's details

Child's legal full name:

Date of birth:

Child's Address: .....
.....
.....
Is your child a twin/multiple birth? Y / N Is the child in the care of the local authority? Y / N

Does your child have a statutory statement of educational need or Education, Health and Care Plan?

Details of person completing this form

Parental Responsibility? Y / N

Relationship to Child:

Full Name:

Address: (if different)

Contact Number:

Email Address:

Sibling links attending Poppyfield Primary Academy

Does you child have a sibling attending Poppyfield Primary Academy Y/N

Name of Child

Date of Birth

Hours Required

Will your child receive funding for:

15 hours free Nursery Education 30 hours free Nursery Education
(working parents – evidence of award required).

Signature: Date