



NURSERY APPLICATION FORM

1. Your Child's Details

First Name:		Surname:	
Date of Birth:	Gender (please circle)	MALE / FEMALE	
Address:			
Is your child looked after by a Local Authority? e.g. Foster care (please circle)		YES/NO	
If YES which Authority _____, or is the child privately fostered		YES/NO	

2. Parent/Carer's Details

Name of parent (BLOCK CAPITALS)			
Telephone Numbers	Home	Mobile	Other
Address (IF DIFFERENT FROM ABOVE)			
Relationship to child (PLEASE TICK)			
Father <input type="checkbox"/>	Foster Father <input type="checkbox"/>	Step Father <input type="checkbox"/>	
Mother <input type="checkbox"/>	Foster Mother <input type="checkbox"/>	Step Mother <input type="checkbox"/>	
Carer <input type="checkbox"/>	Grandparent <input type="checkbox"/>	Other <input type="checkbox"/>	
OTHER (Please provide details)			
Does your child have a brother or sister currently attending Pooles Park School		YES/NO	
IF YES, CHILD'S NAME:		CLASS:	

**Please send this form to the school office or email
 admin@poolespark.islington.sch.uk**