

Application for a nursery place

Child's details										
Surname										
Forename						Gende	er			
Middle name						Date of	of birth			
Current childcare										
Hama addraga										
Home address										
Flat no / building name Number / street										
District						Post c	odo.			
Town						P051 C	oue			
Contact details for pa	rent/carer									
Title: Mr/Mrs/Miss/Ms					Phon	e (day))			
Surname					Phon	e (eve	ning)			
Forename					Phon	e (mob	oile)			
Email address										
Relationship to child					Do yo	ou have	e parent	al respo	nsibility?	Yes / No
Brothers or sisters wl	no will be a	tten	ding at the	e sai	me tin	пе				
Name:					DOB:					
Name:					DOB:					
Name:					DOB:					
Name:					DOB:					
= 10 01 0	10.0.141									
Faith - use this section										
Attach a copy of baptism							that your	child is b	paptised, if a	applicable.
Is your child baptised?	Yes / No If yes, which de									
Place of baptism		В			aptism date				Certificate	attached \square
Additional information	n about yoเ	ur ch	nild							
Does your child have an education, health and care plan?						Yes / No				
Is your child "looked after" by a local authority (in care)?						Yes / No				
If yes, which local authority?										
Are you taking up part of your provision with another provider?										
If yes, name the provider										
If you have been offered provision elsewhere be sure to let everyone know where your child is going to attend										

Please return this application form to:

Tudor Grange Primary Academy St James, Halifax Road, Shirley, Solihull. B90 2BT or email office@stjames.tgacademy.org.uk

