



**Stifford Clays
Primary School**

STIFFORD CLAYS PRIMARY SCHOOL
Nursery Application Form

Please bring a copy of your child's Birth Certificate and your Council Tax bill when handing in the application form

Childs Surname:		Childs Forename:	
Middle Names:		Chosen Names:	
Gender:		Date of Birth:	
Address			
Postcode			
Mother's Name:		Father's Name:	
Mobile Number:		Mobile Number:	
Home Number:		Home Number:	
Work Number:		Work Number:	
Email Address:		Email Address:	
Parental Responsibility:	Yes / No	Parental Responsibility:	Yes / No

Siblings that are already attending Stifford Clays Primary:

Name _____ Class _____
 Name _____ Class _____
 Name _____ Class _____

Does your child have any Special Needs? If so, please detail below:

I am interested in your Seedlings Nursery provision* (From the term after their 2nd birthday) Yes No

Please circle as appropriate

I am interested in your Saplings Nursery provision* (From the term after their 3rd birthday) Yes No

Please circle as appropriate

***Subject to spaces being available and in accordance with our Nursery Admissions Policy (PTO)**

Signature _____ **Date** _____

Once your application has been acknowledged, you will receive a letter confirming your child's space on the waiting list

Data Protection Act 2018: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. Please refer to our website for further information and to view our Privacy Notice.