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 **VALLEY PRIMARY SCHOOL**

# Application for a Nursery place

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| Child’s details  |
| Surname |  |
| Forename |  | Gender |  |
| Middle name |  | Date of birth |  |
| Current childcare |  |

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| Home address |
| Flat no / building name |  |  |
| Number / street |  |  |
| District |  |
| Town |  | Post code |  |

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| Contact details for parent/carer |
| Title: Mr/Mrs/Miss/Ms |  | Phone (day) |  |
| Surname |  | Phone (evening) |  |
| Forename |  | Phone (mobile) |  |
| Email address |  |
| Relationship to child |  | Do you have parental responsibility? | **Yes / No** |

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| Brothers or sisters who will be attending at the same time |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |

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| Additional information about your child |
| 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? |  |

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| **Please return this application form to:** office@valleyprimary.orgValley Primary SchoolFallowfield RoadSolihullB92 9HQ |