Newton Leys Nursery Expression of Interest

Please complete and return this form to the School Office to express an interest in a place for your child

SECTION 1. CHILD'S DETAILS:	
Surname	Forename
Middle Name	Known as
Date of Birth	Gender Male/Female
Home Address	
Post Code	
Preferred start date	
SECTION 2. PARENT/CARER CONTACT	<u>DETAILS</u>
Name (Title, First name, Surname)	
Relationship to Child	
Contact Telephone number	
Email address	
SECTION 3. BROTHERS/SISTERS ALREA	DY ATTENDING NEWTON LEYS PRIMARY SCHOOL:
Name(s) + DOB(s)	
SECTION 4. SPECIAL EDUCATION NEEDS Does your child hold a statement of spe	
If ves. please provide brief details	·
Is your child currently undergoing assess	
, , ,	
ny yes, pieuse provide siriej detuns	
SECTION 5. MEDICAL INFORMATION:	
Please provide details of any medical ne	eeds or any other information you would like us to know:

SECTION 6. ATTENDANCE PATTERN AND FUNDING

ease indicate the pr deavour to accomr quirements and wil	nodate your re	quest, in the ev	-			
	AM Session 8.30am – 11.30am	Lunch 11.30am – 12.30pm	PM Session 12.30pm – 3.30pm	Day Session 8.30am – 2.30pm	End of day session 2.30pm – 3.30pm	Supervision whilst older siblings at after school/ extracurricular clubs 3.30pm – 4pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
CTION 7. PARENT I onfirm that the det derstand that place nnot be met, I may	ails on this forn es will be alloca be offered alte	ited in accordar ernative session	nce with the Nu s, or placed on	rsery Admission a waiting list.		that if my reques

Date: _____

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