

BOXGROVE PRIMARY SCHOOL AND NURSERY

Boxgrove Road, Abbey Wood, SE2 9JP

Tel. 020 8310 1912, Fax 0208 312 9705

www.boxgrove.greenwich.sch.uk email: sao@boxgrove.greenwich.sch.uk

NURSERY CLASS APPLICATION FORM



CHILD'S NAME.....

DATE OF BIRTH:..... MALE/FEMALE *Delete as appropriate

ADDRESS:

.....

TELEPHONE NUMBER

WHICH BOROUGH? GREENWICH/BEXLEY/OTHER (Please specify).....

Please select which Nursery session you would prefer: AM/PM/EITHER *Delete as appropriate

Is there a reason for the time you have selected? Please give details:.....

.....

Does your child currently have any siblings (brothers or sisters) in the school? YES/NO *Delete as appropriate

Please give names and dates of birth:

.....

Is there any other information relevant to your child's application, such as Special Educational Needs? If so please attach evidence

.....

PARENT/CARER'S SIGNATURE

PARENT/CARER NAME (PLEASE PRINT)

DATE:.....

Please return this form to the school - contact details shown above. If your application is successful you will be contacted in the Summer Term prior to start date.

Z:\Admin Documents\Admin\FORMS\nursery application form.doc

| | |
|------------------------------------|---------------------------------|
| Office Use only: File ref No. | Entered on waiting list: YES/NO |
| Sibling: YES/NO Distance..... | Signed..... Date:..... |