



Nursery Application Form 2020-21

Headteacher: Mrs D Howard | Tel: 0161 881 4266 | Email: admin@oswaldroad.manchester.sch.uk

Please complete all sections of this form. Please write in capital letters using a black pen.

Student Information

Surname		Address Street No. and Name	
Forename		Town	
Middle name(s)		County	
Preferred Name		Postcode	
Date of Birth		Home Tel. No.	
Gender	Male [] Female []		

Parental/Carer Information (living at same address as child)

Title (please tick)	Mr	Mrs	Miss	Ms	Dr.	Rev.	Title (please tick)	Mr	Mrs	Miss	Ms	Dr.	Rev.
Forename							Forename						
Surname							Surname						
Date of Birth							Date of Birth						
Relationship (please tick)	Mother	[]	Father	[]	Stepmother	[]	Stepfather	[]	Grandparent	[]	Carer	[]	
Contact Numbers							Contact Numbers						

Any other Adults (over 18) living at the same address as the child:

NAME:

Address:

Telephone No.

Telephone No.

Mobile No.

Mobile No.

If either parent, who has parental responsibility, lives at a different address from your child please provide details below:

Mother's Name		Father's Name	
Mothers address (if different from above)		Father's address (if different from above)	
Telephone No.		Telephone No.	

Has your child ever been in LA Care	Y/N	Is your child an adopted child	Y/N
Is your child entitled to Free School Meals	Y/N	Do you think that your child may be entitled to Free School Meals	Y/N

Does your child have any siblings at the school? If yes please complete:

Name:

Class:

Name:

Class:

Please provide any additional information that we may need to know about your child, for example involvement with outside agencies including SEN, Health, Social Care etc:

I understand that the offer of a Nursery place does not guarantee a place in the Reception Class

I have checked the information above and confirm that it is correct (Signed) _____