Oswald Road Primary School

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Nursery Application Form 2021-22

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.

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

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)		er nother dparent	[] [] []	Ste	ther epfathe rer	[] er [] []		Relationship (please tick)	Mothe Stepm Grand		[] [] []	Fathe Stepfa Carer		[] [] []
						Mobile								Mobile
Contact Numbers						Home Contact Numbers							Home	
contact Numbers						Work	Work						Work	
	Email								Email					

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	ls 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:

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:

Name:

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	(Signed)
correct	