



## St Anne's CE Primary School and Nursery

### Nursery Admissions Enquiry Form

#### 2-4 Year Old Nursery Provision

**Date of enquiry:** \_\_\_\_\_

| Pupil Details     | First Name: | Middle Name/s: | Surname: |
|-------------------|-------------|----------------|----------|
| Pupil's full name |             |                |          |
| D.O.B             |             |                |          |
| Gender            | Female      | Male           |          |

| Parent/carer              |  |
|---------------------------|--|
| Name                      |  |
| Relationship to pupil     |  |
| Address                   |  |
| Mobile Number             |  |
| Work Number               |  |
| National Insurance number |  |
| Email                     |  |

| <b>Additional Information</b>  |   |                             |                       |                         |                         |
|--|---|-----------------------------|-----------------------|-------------------------|-------------------------|
| Has your child been referred to or currently under:<br><br>(please tick box if appropriate)                                  | <b>Speech &amp; Language support (SALT)</b> | <b>Occupational Therapy</b> | <b>Paediatrician</b>  | <b>Umbrella Pathway</b> | <b>Pre-school forum</b> |
|  |   |                             |                       |                         |                         |
| Does your child have any medical conditions i.e.<br><br>Relevant medical history/family history<br><br>Hearing test if known |   |                             |                       |                         |                         |
| Is your child Looked After by the Local Authority or adopted?<br><br>Yes      No   | Please specify                              |                             |                       |                         |                         |
| Any special educational needs (SEND) support   |   |                             |                       |                         |                         |
| Position of child in family (1st/2nd etc)  |   |                             |                       |                         |                         |
| Name sibling(s) attending St Anne's CE Primary School  |   |                             |                       |                         |                         |
| Which term would you like your child to start attending? (Term after they turn 2 or 3)                                       | <b>Autumn (September)</b>                   | <b>Spring (January)</b>     | <b>Summer (April)</b> |                         |                         |
| Does your child attend another childcare setting:<br><br>(Please provide name and contact details if appropriate)            | <b>Nursery</b>                              |                             | <b>Childminders</b>   |                         |                         |
|  |   |                             |                       |                         |                         |

|  |     |    |          |
|--|-----|----|----------|
| Is your child eligible for 15 hours funding? | Yes | No | Code No: |
|  |     |    |          |
| Is your child eligible for 30 hours funding? | Yes | No | Code No: |
|  |     |    |          |

**Preferred Attendance Pattern (this pattern is not guaranteed and will depend on availability at the time of admission)**

|                  | 9.00 – 12.00 | 12.00 – 3.00 |
|------------------|--------------|--------------|
| <b>Monday</b>    |              |              |
| <b>Tuesday</b>   |              |              |
| <b>Wednesday</b> |              |              |
| <b>Thursday</b>  |              |              |
| <b>Friday</b>    |              |              |

**Hours before 9.00am and after 3.00pm are part of St Anne’s wrap around provision, these are booked separately via email, you cannot use eligible funding to pay for these hours.**

|  |     |    |
|--|-----|----|
| Are you flexible on sessions if your preferred choices aren’t available? | Yes | No |
|--|-----|----|

I understand that admission to St Anne’s CE Primary School Nursery, which is in accordance with the published Nursery Admission criteria, does not guarantee a place in Reception Year at the school (please tick).

Please complete and return all pages to the school office  
Email: [nursery@stannesprimary.worcs.sch.uk](mailto:nursery@stannesprimary.worcs.sch.uk)

How did you hear about us? Please tick

- Social media
- Friends/family
- An event
- Toddler group
- Local magazine ‘The Bridge’
- Other

**For Office Use Only**

|                                  |  |  |
|----------------------------------|--|--|
| Date application received        |  |  |
| Date funding eligibility checked |  |  |
| Date to admission panel          |  |  |
| Date offer made to parent        |  |  |
| Date child admitted to setting   |  |  |