

BUCKINGHAMSHIRE COUNTY COUNCIL EDUCATION DEPARTMENT
APPLICATION FOR REGISTRATION TO NURSERY SCHOOL OR CLASS

NAME OF NURSERY:- **BEDGROVE INFANT SCHOOL NURSERY**

Full name of child:-MALE / FEMALE:-

Name child is known by:-Date of Birth:-/...../.....

(PLEASE INDICATE YOUR FIRST CHOICE OF MAIN SCHOOL)

Name of Parent/Guardian:- Initials:- Miss/Mr/Mrs/Other

Full Postal Address:-

.....Postcode:-

Home Telephone Number:- Work Telephone Number:-

Contact No. 1) Name:- Telephone Number:-

Contact No. 2) Name:- Telephone Number:-

Contact No. 3) Name:- Telephone Number:-

Name of Parent and address if not at above address:-

.....

Does your child have contact with the above parent:-

Name of Doctor/Surgery:-Telephone Number:-

Ethnic Group:- First Language:-

Religion:- Other Languages spoken:-

Previous Playgroup/Nursery/Others attended:-

Age starting above:-

Has the child any medical problems:- Yes / No

If Yes please describe briefly:-

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Is your child allergic to plasters:- Yes / No

Is your child allergic to anything else Yes / No

If Yes please describe briefly:-

➤ **Does your child have siblings at Bedgrove Infant School or Bedgrove Junior School:-**

YES / NO NAME OF CHILD:-.....DOB:-.....SCHOOL:-.....

Please delete as appropriate

Signed:-Parent /Adult Carer

Date:-

THE DEADLINE FOR APPLICATION FORMS TO BE CONSIDERED WILL BE THE LAST FRIDAY IN SEPTEMBER FOR THE SPRING AND SUMMER TERM OR THE FIRST FRIDAY IN MAY FOR THE AUTUMN TERM . THE SCHOOL WILL HOLD A WAITING LIST FOR LATE APPLICANTS. LATE PREFERENCES WILL BE CONSIDERED ON THE LAST WORKING FRIDAY OF THE FOLLOWING MONTHS UNTIL ALL OF THE PLACES ARE FILLED.