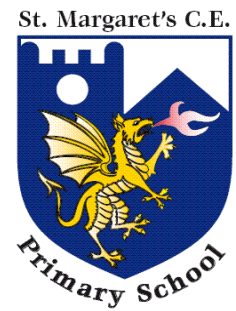


St. Margaret's C of E Primary School

Hive Street
Hollinwood
Oldham
OL8 4QS

Headteacher: Mr D Whittle
Deputy Headteacher: Mrs R Whittle
Chair of Governors: Mrs D McCoy



NURSERY APPLICATION FORM

In the event that there are more applicants than places, the Governing body will allocate places using the criteria set out in our Admissions Policy & Procedures. In order to assist this process we require the following information to be returned to the Chair of Governors at the school.

Name of child.....

Date of Birth..... Male Female

Address (including postcode)

.....
.....

Names of parents

1. Contact No

2. Contact No

Is your child a "looked after child" (in public care)? **YES/NO**

Is your child in receipt of a statement naming St Margaret's Primary School? **YES/NO**

Does your child have medical or special needs that can only be met at the school? **YES/NO**
(evidence must be provided)

Does your child worship at St Margaret's church? **YES/NO**

Is your child registered at the sure start Centre? **YES/NO**

Does your child have siblings attending St Margaret's School? **YES/NO**

If yes Name of child Year Group

Does your child attend another place of worship **YES/NO**

If yes Place of worship

Name of current pre-school setting

Are you happy for us to share information between preschool settings and health visitors?
YES/NO

Do you require a morning or afternoon place? Morning Afternoon

Signature of parent Date

Please read the Admissions Policy & Procedures (which can be found on our website) and include any additional information on a separate sheet.