



# Fallings Park Primary School

## Nursery Consideration Form

(Aged 2+)

<b>Child's Date of Birth</b>	
<b>Child's Full Name</b>	
<b>Address</b>	
<b>Post Code</b>	

### Parent Contact Details

<b>Mother's Full Name</b>	
<b>Telephone Number</b>	
<b>National Insurance Number</b>	

<b>Father's Full Name</b>	
<b>Telephone Number</b>	
<b>National Insurance Number</b>	

<b>Who is making this request?</b>	
<b>Additional educational, medical or social needs</b>	
<b>Main language spoken at home</b>	
<b>Is this child attending any nursery or playgroup sessions?</b>	
<b>Has he/ she got any brothers or sisters?</b>	
<b>Please supply names and ages</b>	

<b>Do you agree to school using the above information to check eligibility</b>		
<b>Are you happy for information to be shared with other appropriate professionals?</b>		

<b>Signed</b>	
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