



Childs Details		
Child's First name:	Child's Surname:	
Date of Birth:	Gender: M/F:	
Parent /Guardian 1:	Parent/Guardian 2:	
Relationship to child:	Relationship to child:	
Name:	Name:	
Address:	Address:	
Postcode:	Postcode:	
Home Phone Number:	Home Phone Number:	
Work/Mobile:	Work/Mobile:	
Email:	Email:	
Current Nursery		
Name:		
Address:		
Telephone:		
Admission Priority		
Looked after child:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, please give details):
Does your child have a Statement of Special Educational Needs or an EHC (Educational Healthcare Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, please give details):
Brother/sister attending Fleet	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, please give details): Name: Year Group:

I confirm the above information is correct:

Signed: _____ **Parent/Carer Name (print):** _____

Date: _____