



BERWICK HILLS PRIMARY SCHOOL
2 YEAR OLDS
NURSERY APPLICATION FORM

Child's Details

Surname: Forename:
Middle name: Male Female
Date of Birth: How old is your child now:
Address: AM PM Either
..... Post Code:
Home Telephone No: Mobile Telephone No:

Parent(s)/Guardians(s) who share responsibility for the child

Mother's Full Name:..... Father's Full Name:.....
Mothers DOB: Fathers DOB:
Mothers NI Number: Fathers NI Number:.....

Brother(s)/Sister(s) currently at Berwick Hills Primary School:

Name: Year/Class :
Name: Year/Class :
Name: Year/Class :

The following documents must be seen and photocopied by the office:

- Your child's Birth Certificate (original)
- Proof of address (child benefit letter / household bill / council tax, gas etc)

Signed: **Name:** **Date:**

For school use only

Birth Certificate seen IN zone list
 Proof of address seen OUT of zone list Date received