



HIGHLANDS PRIMARY SCHOOL NURSERY APPLICATION FORM

Child's First Name:		Child's Surname:	
Date of Birth:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Names of Siblings at Highlands:			
Address:			
Postcode:			
Mother's Name:		Father's Name:	
Mother's Mobile Number:		Father's Mobile Number:	
Mother's e-mail:		Father's e-mail:	
I would like a full time Nursery place (30 hours)		<input type="checkbox"/>	
My 11 digit 30 hour code is:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If there is no full time place available I would like one of the part time sessions below		<input type="checkbox"/>	
I would like a part time Nursery place (15 hours)			
Morning session – 8.45am-11.45am		<input type="checkbox"/>	
Afternoon session – 12.30pm-3.30pm		<input type="checkbox"/>	
Mother's National Insurance Number:		Father's National Insurance Number:	
Date received:			