



George Eliot
Primary School

Application for admission to Nursery

Child's Surname _____
 First Names _____
 Date of birth _____

Once completed please return to:
 George Eliot Primary School
 Marlborough Hill
 St John's Wood
 London, NW8 0NH

Address

 Postcode _____

Name of parent(s) or responsible adult with whom child lives.

 Telephone No.
 Home _____ Mobile _____

Please tick appropriate boxes		Please select your preferred hours	
Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Full Day:	9.00— <input type="checkbox"/>
15.10	<input type="checkbox"/> (subject to eligibility criteria)		<input type="checkbox"/>
Address outside of Westminster		Part Time AM:	9.00—12.00 <input type="checkbox"/>

Child's need for this Nursery class for particular medical, social or educational reasons

Do you have any concerns regarding your child's speech and language development

Please note that if your child has a statement or EHC plan you need to apply through the SEN Department of your local council not directly to the school.

I understand that there is no automatic right of transfer from the Nursery to the Reception class at George Eliot.

Parent's signature _____
 Date _____

To be completed by the school office

Place offered YES / NO Sep 20_____

Office signature _____
 Date _____