



## 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

Boy  Girl  Please select your preferred hours

AM session : 8.45—11.45

Address outside of Westminster  PM session: 12.30—15.30

If it became available would you consider a full day (top up fee) for the Nursery : Yes / No

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 infant reception class at George Eliot Primary School.**

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

To be completed by the school office

Place offered YES / NO Sep 20\_\_\_\_\_

Office signature \_\_\_\_\_

Date \_\_\_\_\_