

## Keyworth Primary & Nursery School



Nottingham Road, Keyworth, Notts, NG12 5FB Executive Head Teacher: Mr P Cresswell School: 0115 9748005 Nursery 0115 9748007

Nursery P	lace Ap	plication	Form
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Child's full name:					
Address:					
Telephone Number:			<del> </del>		
Child's Date of Birt	h:				
Parents/Carers' Na	mes:				
		Birth:			
Any other Agencies	involved:				
Doctor's name & tel	Doctor's name & telephone number:				
Which school do you	ı wish your child to attend af	fter Nursery?			
Please circle your p	preferred Nursery Place: (S	Subject to availability)			
Morning	Afternoon	Either			
Parents Signature:_		Date of Application:			
Nursery Use Only					
Place Offered:	Morning / Afternoon	Date place confirmed:			
First Visit:					
Starting Date:					