



<b>Details of Parents/Guardians:</b>	
<b>Mother</b> Title:  Surname:  Forename:  Address:  Postcode:  Contact telephone number:	<b>Father</b> Title:  Surname:  Forename:  Address:  Postcode:  Contact telephone number:
<b>Details of last school/pre-school attended (if applicable):</b>	
<b>Does your child have any medical conditions or allergies that we should be aware of?</b> Yes / No If yes, please give details:	
<b>Please give the name of any older siblings, or family members living in the same family unit, who will be attending Wooden Hill School at the time of the applicant's admission:</b>  Name: _____ DoB: _____  Name: _____ DoB: _____	
<b>Disability Discrimination Act</b> The school is required by law to take disability into account in relation to the Nursery admission process and the arrangements it makes for disabled pupils and potential pupils. This is so as to avoid any child being discriminated against on the grounds of their disability in the allocation of Nursery places or in the arrangements that are made within the Nursery to provide for a child's disability.  If you think that your child has a disability, please give full details and attach any supporting documentation to your application form. This can be considered when Nursery places are allocated and, if your child is admitted, in the arrangements made within the Nursery to provide for your child's needs.	
<b>Declaration</b> I understand that the School or Local Authority reserve the right to verify the information on this application form. Any offer of a place will be on the basis that the information supplied is accurate and up to date.  <b>I understand that I must make a separate application for a place at Wooden Hill School and that the offer of a place in this Nursery does not give priority to an application that I may make to Wooden Hill School.</b>  I certify that the information I have given in this form is correct to the best of my knowledge.  SIGNED: _____ DATE: _____  <b>Please ensure your child's original birth certificate and your council tax statement accompanies this application form. These will be returned to you.</b>	
FOR OFFICE USE:  Birth certificate seen: <input type="checkbox"/> Date: _____        Initial: _____ Council tax statement seen: <input type="checkbox"/> Date: _____        Initial: _____  Date of Admission: .....Admission Number:.....	

LEARNING, **Growing** & *Achieving* Together