

**The Grange Academy**

***Wade Deacon Trust***

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| **Nursery Place Application Form** |  |
| **Child's Basic Details** |
| Forename/s |  |
| Legal Surname |  |
| Preferred surname |  |
| Date of Birth |  | Gender | Male / Female |
| House number |  |
| Street |  |
| Town |  |
| Post code |  |
| Name of Previous/Current Nursery your child has/is attending: |  |
| **Children are eligible to start nursery the term after they are three**. **Please tick** – my child will commence nursery September term 🞏 January term 🞏 April term 🞏 |
| **The Grange Academy Nursery will require additional information regarding your child which will be sought on admission.** |

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| --- | --- |
| **Parent/Carer 1****(with parental responsibility)** | Mr / Mrs / Miss / Ms / Other |
| Forename |  |
| Surname |  |
| Relationship to child |  |
| Telephone number |  |
| Mobile number |  |
| **Email address** |  |
| Address (if different to thechild) - **must include postcode** |  |

 Please turn over…………

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| --- | --- |
| Name and age of siblingsat our school |  |
| **I understand that I must show a copy of my child’s birth certificate to school before she/he****starts, as it is a government requirement.**I would like to apply for a place at The Grange School Nursery for my son/daughter: 🞏 Morning sessions 8.30am to 11.30am (Monday to Friday) 🞏 Afternoon sessions 12.15pm to 3.15pm (Monday to Friday) 🞏 Both morning and afternoon sessions (Monday to Friday) *Staff will do their best to accommodate your preferred times, however, this will depend on availability.*Signed: (Parent/Carer) Date: |

Please return the completed application form to:

**The Grange Academy, Latham Avenue, Runcorn WA7 5DX**

**Telephone number: 01928 562660**

**Email:** **info@thegrange.com**

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