GALLIONS MOUNT SCHOOL

APPLICATION FOR ADMISSION TO NURSERY

Child's Surname_				
Date of Birth	Day Montl	h Year	Male/Female	
Address				
Mothers Name (p Fathers Name (pl	lease print)			
			rmally lives if different	to above:
Telephone No			-	
Is your child 'look If 'yes' please ind			contact name and no.	YES/NO
Do you have othe	NOON o accommodo er children alre	ate you with yo	ur chosen preference	this cannot be guaranteed.
Is your child on th		of any other sch		YES/NO
Does your child attend a Nursery or Playgroup at the moment			YES/NO	
Name of Nursery	or Playgroup_			
Does your child have any special educational needs?			YES/NO	
Please list your ch choosing this sch	-	ducational nee	eds or any other medi	cal or social reason for
Religion				
Language spoker Other languages	n most often at spoken at hor	t home me and in the c	ommunity	
Are you an asylu	m seeker? Yi	ES/NO Have	you been granted ref	ugee status? YES/NO
Parental signature	>		Date	