



Application Form for Admission to Foxfield Nursery.
There is no automatic right of transfer from Nursery to Reception.

Please complete the application form below and submit it to the school office with **one proof of the child's date of birth and one proof of parent/carer home address.**

Child's Forename: _____ Child's Surname: _____

Sex: Male Female Date of Birth: _____

Parent's Title: Mrs. Ms. Miss Mr. Other

Parent's Name: _____

Home Address: _____

Home Number: _____ Mobile Number: _____

Email Address: _____

Foxfield Primary School offer part-time places (15 hours) and some full-time places (30 hours). Please state your preferred choice, although it is not guaranteed.

AM (8.30am -11.30am) **PM (12.30pm – 3.30pm)** **ANY**

Full Time (8.30am – 3.30pm) **(For working families with an eligible 30 hour code)**

Are there any siblings or other children living at the same address as this child who attend Foxfield at the time when this child is due to start? Yes No

Name of Siblings: _____

Are there special social or medical reasons for wanting this school? Yes No

If YES, please give brief details and provide written supporting statements from a professional such as a doctor, social worker or speech and language therapist.

Does your child already attend: Playgroup Nursery Childminder

Name & Address: _____

- I understand that the offer of a place will be withdrawn if any of the above information is found to be incorrect.
- I give consent for my child's details to be passed onto Greenwich Council Departments.
- It is the Parent/Carer's responsibility to inform the school in writing with appropriate reports if you or your child's circumstances change.

Parent/Carer Signature: _____ Date: _____