



# LOVING, LEARNING, LIVING

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## INITIAL APPLICATION FOR NURSERY ENTRY TO FELTON C OF E PRIMARY SCHOOL

Name of Child \_\_\_\_\_ D.O.B: \_\_\_\_\_

### Other Children in Family

|       |       |        |       |
|-------|-------|--------|-------|
| Name: | _____ | D.O.B: | _____ |
| Name: | _____ | D.O.B: | _____ |
| Name: | _____ | D.O.B: | _____ |

### Names of Parents/Guardians

|                       |       |             |       |
|-----------------------|-------|-------------|-------|
| Parent/Carer 1:       | _____ |             |       |
| Address:              | _____ | Post Code:  | _____ |
|                       | _____ |             |       |
| Email Address:        | _____ |             |       |
| Home Phone:           | _____ | Work Phone: | _____ |
| Mobile Phone:         | _____ |             |       |
| Place of Work:        | _____ |             |       |
|                       |       |             |       |
| Parent/Carer 2:       | _____ |             |       |
| Address:              | _____ | Post Code:  | _____ |
|                       | _____ |             |       |
| Email Address:        | _____ |             |       |
| Home Phone:           | _____ | Work Phone: | _____ |
| Mobile Phone:         | _____ |             |       |
| Place of Work:        | _____ |             |       |
|                       |       |             |       |
| Guardian's Full Name: | _____ |             |       |
| Address:              | _____ | Post Code:  | _____ |
|                       | _____ |             |       |
| Email Address:        | _____ |             |       |
| Home Phone:           | _____ | Work Phone: | _____ |
| Mobile Phone:         | _____ |             |       |
| Place of Work:        | _____ |             |       |

|               |                      |                       |                      |
|---------------|----------------------|-----------------------|----------------------|
| Date Received | Letter of Acceptance | Entry date to Nursery | Entry date to school |
|---------------|----------------------|-----------------------|----------------------|