

Application for Admission to: The Nursery Class of
Montbelle Primary School, Milverton Way
New Eltham, London
SE9 3EY



CHILD'S SURNAME _____

FIRST NAMES _____

DATE OF BIRTH _____ MALE/FEMALE _____

ADDRESS INCLUDING POSTCODE _____

BOROUGH OF RESIDENCE (i.e. Greenwich, Bexley, Bromley) _____

TELEPHONE NO. (HOME) _____ (WORK) _____

NAME OF PARENT(S) / RESPONSIBLE ADULT WITH WHOM CHILD LIVES

NAMES, DATES OF BIRTH AND SCHOOLS ATTENDED BY SIBLINGS:

NAME OF HEALTH VISITOR _____

ADDRESS & TEL.NO _____

NAME OF G.P _____

ADDRESS & TEL.NO _____

DETAILS OF ANY PARTICULAR MEDICAL, SOCIAL OR EDUCATIONAL NEEDS

MORNING OR AFTERNOON SESSION PREFERRED _____

I UNDERSTAND THAT THE OFFER OF A PLACE WILL BE WITHDRAWN IF ANY OF THE ABOVE INFORMATION IS FOUND TO BE INCORRECT AND THAT ACCEPTANCE INTO THE NURSERY DOES NOT GUARANTEE A PLACE AT MONTBELLE PRIMARY SCHOOL

SIGNATURE _____ DATE _____