

All Saints CE Primary School & Nursery

Headteacher: Ms Louise Quinell

Norreys Avenue, Wokingham, RG40 1UX • 0118 978 7173
• www.allsaints.wokingham.sch.uk
• admissions@allsaints.wokingham.sch.uk



NURSERY APPLICATION FORM

Child's Surname	
Child's Forename(s)	
Child's Date of Birth	
(Male / Female)	
Child's permanent home	
address:	
Postcode:	
Name of 1 st parent/carer living a	ome address above:
Title	
Forename	
Surname	
Relationship to child	
Mobile No	
Home Phone No	
Email address (please print)	
Name of 2 nd parent/carer living a	nome address above:
Forename	
Surname	
Relationship to child	
Mobile No	
Home Phone No	
Email address (please print)	
Name and date of birth of broth	s)/sister(s):
1.	2.
3.	4.

Do brother(s)/s	sister(s) attend All Saints (School and/or Nursery?
YES 🗆	NO □	
If you are appl	ying to this school on med	lical or social grounds please give details here:
Does your chil	d have an Education Heal	h Care Plan (EHCP)?
YES □	NO 🗆	
Which session	n are you interested in join	ing?
Mornings (8.40a	am – 11.15am)	
Afternoons (12.	15pm – 3.15pm)	
30-hour funded	full day (8.40am - 3.15pm)	
hour funding provider. You	g is valid, not in the grace must renew this yourself office when you renew. If y	to ensure that your eligibility code for your child's a period and hasn't already been used by your curren every 3 months and it is your responsibility to upda your code is invalid upon starting when your child's ace will not be secured.
30-hour funding	g code (If known)	National Insurance number
		NY CHANGE IN CIRCUMSTANCES (i.e. ADDRESS, SO THAT OUR RECORDS CAN BE KEPT UP TO DATI THANK YOU.
Signed		Date