

MIDDLETON-in-TEESDALE ACADEMY NURSERY ADMISSION FORM

It is important that you provide as much information as possible to assist in the nursery admission process. Please note that your child is not guaranteed a place at any school (this includes your nearest schools).

The completed form must be forwarded to: Office Manager, Middleton-in-Teesdale Academy, Middleton-in-Teesdale, Barnard Castle, Co. Durham DL12 oTG

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Section A – to be completed by the parent/carer			
Child's name:			
Date of birth:			
Current Address:			
Postcode			
Telephone number	Home:	Mobile:	
E-mail address			
Name of Parent/Carer			
Playgroup or Toddler Group attended			
Have you applied for a place at another Nursery?			
If yes, please state which nurseries you have applied for.			
When would you like your child to attend?			
Are you eligible for free 30 hours provision?			
Please confirm your eligibility code			
		Ple	ease turn over

Please confirm the names and date of birth of any siblings attending your preferred school?			
Name	Date of Birth	Year group	
Does your child have any special needs that we need to be aware of?			
Signed			
Print Name			
Relationship to pupil			
Date			
To be completed by the sch	ool		
Sessions offered			
Date place accepted			
Date of admission to nursery			
Signed			
Designation			
Date			