



Date:

Application Form

Child's name(s)

First Name

Middle Name

Last Name

E-Mail

Date of Birth

Gender:

Male

Female

Address:

Street Address

Street Address Line 2

Postal Code

Telephones:

Home telephone

Work telephone

Name(s) of person(s) with parental responsibility:

Prefix

First Name

Middle Name

Last Name

Prefix

First Name

Middle Name

Last Name

Language:

Which language is mainly spoken or heard by your child at home?

Which language is occasionally spoken or heard by your child at home?

Expression of interest:

9:00am-12:00pm

12:00pm-3:00pm

Any Session

9:00am-3:00pm

Which days would your child attend?

Mon

Tue

Wed

Thur

Fri

Please provide the name and date of birth of any siblings who attend or have attended Brenzett School

First Name

Middle Name

Last Name

Date of Birth

First Name

Middle Name

Last Name

Date of Birth

Are you aware of any special educational, social, emotional or medicinal needs for your child? If yes, please detail their needs and best support below:

The term after a child turns three they are entitled to up to fifteen hours of free nursery education and care, for which we are registered. Please indicate if you are eligible for any of these options in addition. You can check on the Government website here if you are unsure: [Best Start in Life - Best Start in Life](#)

Free for 2 Funding

Yes No

Working parent entitlement

Yes No

Please use this space if there is any other information which you would like to share about your child and think may be useful at this stage:

Please note: completion of this form does not automatically secure your child a place. Please see our Nursery Admissions Policy on the Brenzet School Website for full details of our over-subscription process in the event we have more children than places.