

DURHAM COUNTY COUNCIL
CHILDREN AND YOUNG PEOPLE'S SERVICES
BEECHDALE NURSERY SCHOOL
Application for a Nursery Place

Child's Name: _____

Address: _____

Post Code: _____

Tel. No.: _____

Date of Birth: _____

Name of Parent/Carer: _____

Have you applied for your child's admission to any other nursery school unit?
YES/NO

Has your child been offered a place at any other nursery **YES/NO**

If so, please state which other nursery:

Name of first choice nursery: _____

If your child has a Statement of Special Educational Needs or will require additional support in Nursery, please inform us as soon as possible.

Which session would you prefer: **A.M./P.M.**

Date of Application: _____

Signed: _____

DURHAM COUNTY COUNCIL
CHILDREN AND YOUNG PEOPLE'S SERVICES
BEECHDALE NURSERY SCHOOL
Receipt of application for a Nursery Place

Full Name of Child: _____

Parental/Carer Address: _____

Date of Birth: _____

I confirm that I have placed your child's name on my list for possible admission to this Nursery. You will be informed as soon as possible whether your child can be admitted in accordance with your request.

Please note that this acknowledgement does not guarantee that a place will be offered for your child. It merely confirms that your details have been recorded.

Signed: _____

Designation: _____

Date: _____

