



INKERSALL PRIMARY ACADEMY

NURSERY REGISTRATION FORM

CHILD'S NAME			
DATE OF BIRTH		MALE/FEMALE	
ADDRESS			
MOTHER'S NAME			
DAYTIME CONTACT NUMBER			
FATHER'S NAME			
DAYTIME CONTACT NUMBER			
SESSION PREFERRED (Please circle your choice)	MORNING	AFTERNOON	FULL DAY (subject to availability)
ANY OTHER INFORMATION			
SIGNED (By Parent/Carer)			
DATE			

FOR OFFICE USE ONLY

INPUT TO MIS:
PROPOSED ADMISSION DATE:
OFFER LETTER SENT:
PLACE ACCEPTED/DECLINED