Yeadon Westfield Infant School Westfield Grove Yeadon Leeds LS19 7NQ

Tel: 01132505449



Head teacher: Ms D Lowry ©
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APPLICATION FOR FOUNDATION STAGE NURSERY PLEASE COMPLETE BOTH PAGES IN BLOCK CAPITALS

| DETAILS OF CHILD | | |
|--|---------------------------------|--|
| OUDWAME | | |
| SURNAME: | | |
| | MIDDLE NAME(S): | |
| DATE OF BIRTH:/ | Male: Female: | |
| ADDRESS: | | |
| POST CODE: | | |
| NATIONALITY: | ETHNICITY: | |
| LANGUAGES SPOKEN AT HOME: | SPOKEN BY CHILD: | |
| BIRTH CERTIFICATE/PASSPORT SEEN B | SY SCHOOL: | |
| | | |
| DETAILS OF PARENTS / GUARDIANS | | |
| | | |
| TITLE: MR / MRS / MISS / MS NAME | ! : | |
| RELATIONSHIP TO CHILD: | | |
| | | |
| TEL: | MOBILE: | |
| E-MAIL: | | |
| NATIONAL INSURANCE NUMBER: | PARENTS DOB: | |
| | | |
| TITLE: MR / MRS / MISS / MS NAME | = : | |
| | | |
| ADDRESS (if different to child): | | |
| TEL: | MOBILE: | |
| E-MAIL: | | |
| NATIONAL INSURANCE NUMBER: | PARENTS DOB: | |
| If you are entitled to 30 hours in Nursery | please supply your 30 hour code | |

- 1. Children in public care or fostered.
- 2. N/A @ YWI School Children in receipt of 2 year old FEEE (Free Early Education Entitlement).
- 3. Children who have siblings already in our main school (FS2 Year 6) living at the same address.
- 4. Date of birth order.

Please complete the following sections if relevant.

| PRIORITY 1 - CHILDREN IN PUBLIC CARE/FOSTERED | | |
|--|---|--|
| | | |
| LOCAL AUTHORITY | / : | |
| | | |
| PRIORITY 2 - DETAILS OF OLDER SIBLINGS | | |
| NAME: | DATE OF BIRTH: | |
| | DATE OF BIRTH: | |
| | | |
| ANY OTHER REI | LEVANT INFORMATION WHICH WOULD BE HELPFUL FOR US TO KNOW: | |
| | | |
| | | |
| | | |
| The coording we be | ive available are as follows: | |
| | | |
| Every morning 9-12 | | |
| Every afternoon 12-3 | | |
| First half of week – All day Monday and Tuesday 9-3pm & Wednesday 9-12 | | |
| Second half of the week - Wednesday 12-3 and all day Thursday and Friday 9-3 | | |
| All week 9-3 everyday | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SignaturePlease inform | Print Name Date/ | |