

Application for Admission

CHANTRY COMMUNITY ACADEMY NURSERY



1. Please give your child's details:

Surname:	Forename(s):			
Full Address:	ŀ		-	
	Postcode:	T		
Date of Birth:			Male	
Full name(c) of nevern(c) with nevertal very		1 11	Female	
Full name(s) of person(s) with parental response	onsibility (inc	luding title	e, i.e. Mr, Mrs,	Miss etc.):
MOTHER:				
FATHER:			•	
With Whom does the child live with?:			,	
Does the child have any siblings who currently attend Chantry CA? YES/NO	Sibling(s) Name(s):			
Home telephone number:	Work telephone number(s):			
Mobile telephone number(s):	Email addr	ess(s):		
2. Has your child any special, social, emotic class?	onal or medic	al reason f	for admission t	o this nursery
3. Have you applied to any other Nursery cl school(s) below.	lass or pre-sc	hool provi	sion? If so, ple	ease name the
1.	4.	4.		
 3. 	5.			
The information provided in this form is co	6. orrect to the	best of m	ny knowledge	and belief:
6				
Signed: Mother / Father (Please delete as appl	ropriate)	Date:		

Please return this form to the Academy Office. Please ensure you have the following original information with you:

- 1. Child's birth certificate and passport.
- 2. Proof of your address (i.e. tenancy agreement, bank statement etc.)