

PARKSIDE PRIMARY SCHOOL

21 Wellington Avenue

Chingford

E4 6RE



NURSERY WAITING LIST APPLICATION

Child's Full Name _____ D.O.B. _____ Male / Female

Home Address, including postcode _____

Mother's Full Name _____ Home Tele No. _____

Mobile No. _____ Email address _____

Father's Full Name _____ Home Tele No _____

Mobile No. _____ Email address _____

Child's position in family 1st born 2nd 3rd 4th 5th 6th

Names of brothers and sisters

Date of Birth

School attended

Home Language _____ Ethnicity _____ Religion _____

Other nursery provision to which you have applied or will apply

Pre-school / Toddler group already attended by your child

Primary school that you are interested in applying to

Any other relevant information (such as medical conditions, allergies, special needs, etc.)

Doctor's Name _____

Please indicate whether you would prefer a morning, afternoon or 30hr place: AM / PM / 30hr

If applicable, please provide your 30 hour code: _____

Date of application: _____

Please ensure that you submit a copy of your child's birth certificate along with the completed application form as your child will not be added to the list without this.