With God's love, we learn hand in hand



Application for a Nursery Place/Provisional Registration

I wish to make an application for a nursery place and/or provisionally register a place at Sigglesthorne Church of England Primary Academy for the following child.

| Full Name of Child: Date of Birth: |
|---|
| Home Address: |
| |
| |
| Telephone: |
| |
| Full names of those with parental responsibility: |
| 1 Relationship to Child |
| 2 |
| I am entitled to 15/30 hours (delete as appropriate) Please tick below the sessions you would like. |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------|--------|---------|-----------|----------|--------|
| AM session | | | | | |
| 9am – 12pm | | | | | |

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| PM session | | | |
|------------------|--|--|--|
| 12:30 – 3:30pm | | | |
| Full Day Session | | | |
| 9am – 3:30pm | | | |

| Which school will your child attend at the age of 5? |
|--|
| Signed(Parent/Carer) Date |
| Please return to:- |
| Sigglesthorne Church of England Primary Academy |
| Main Street |
| Sigglesthorne |
| HU11 5QA |
| Email address: admin.sig@ebor.academy |

