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| LINDEN ROAD ACADEMY |

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| **Address:** | Linden Road, Denton | | |
|  | **Post Code:** | M34 6EF |
| **Head Teacher:** | Mr P. Greaves | **Telephone No:** | 0161 320 0002 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of child:** |  | | | | | | | | |
| **Gender:** | Male  Female | | | **Date of Birth:** | | |  | | |
| **Telephone No:** |  | | | **Mobile No:** | | |  | | |
| **Address:** |  | | | | | | | | |
|  | | | | | **Post Code:** | |  | |
| **Name of Parent/Carer 1:** | |  | | | | | | | |
| **Name of Parent/Carer 2:** | |  | | | | | | | |
| **Names of other children attending in school:** | | | | | | | | | **Age:** |
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| **Does your child or family have any special circumstances for which a nursery place would be of extra benefit? e.g. A medical condition –Please give full details below:** | | | | | | | | | |
|  | | | | | | | | | |
| **Have you registered your child’s name at any other nurseries?** | | | | |  | | | | |
| **We have two sessions each for << insert number >> children, please tick which session you would prefer below:** | | | | | | | | | |
| **Morning Session – 8.45 am-11.45 am** | | | | **Eligible for 30 hour funded place** | | | | | |
|  | | | | | | | | | |
| **Please note: A place in Linden Road Academy nursery does not automatically guarantee a place in Reception class.** | | | | | | | | | |
| **Signed** | | |  | | | | | | |
| **Print Name** | | |  | | | | | | |
| **Date** | | |  | | | | | | |