

For Office Use Only:

Date: _____

Person taking Application: _____

Telephone: 020 7476 2355 **Fax:** 0207 055 0183

Email: info@hallsville.newham.sch.uk

Executive Head Teacher: Ms Keri Edge

Head of School: Ms Lorraine Johnson

Hallsville Primary Nursery Application Form

Childs Full Name: Date of Birth: / /

Known as: Gender:

Address:

Postcode:

Your Name: Your Date of Birth: / /

National Insurance Number: Relationship to Child:

Contact Details:
Home Number:
Mobile Number:
Work Number:
Email Address:

Siblings in Hallsville: Name: Class:
 Name: Class:
 Name: Class:
 Name: Class:

Medical Information:
Please name and describe any needs the child has:

Language: First Language:
 Home Language:
 Does the child also speak and understand English: Yes/No

Preferred Nursery Session:
 AM: () 8.45-11.45am
 PM: () 12.30pm-3.30pm