

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:

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

2 Year old () 3 Year old () 4 Year old ()

Preferred Nursery Session:
AM: () 8.45-11.45am PM: () 12.30pm-3.30pm
All Day () (Working Parents only)

Website to check eligibility for 2-year olds and full time 3-year olds: <https://www.gov.uk/get-tax-free-childcare>

