

LYNDHURST PRIMARY SCHOOL  
Hill Street, Dukinfield, SK16 4JS  
Headteacher: Mrs J Woolfenden Tel No: 330 7220

REQUEST FOR A NURSERY PLACE

Name of Child: .....

Girl/Boy: ..... D.of.B. .... AM / PM (Please state preference ) .....

Address: .....

Post Code: ..... Home Tel No: ..... Daytime Tel No: .....

Mobile: .....

Names of parents/guardians...../:

Names of other children in school: ..... School: .....

..... School: .....

..... School: .....

Do you have any other children not of school age? Ages .....

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Does your child or family have any special circumstances - eg: medical condition - for which a Nursery place at Lyndhurst would be of major benefit? Please give full details:

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Have you registered your child's name at any other nursery?

Name of nursery: .....

Does your child currently attend a playgroup or private day nursery?

Name of playgroup / or private nursery.....

Signed: ..... Parent/Guardian: Date: .....