

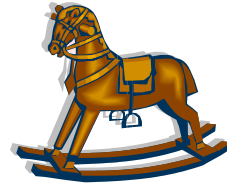


# The Grange Academy

Wade Deacon Trust



## Nursery Place Application Form



### Child's Basic Details

Forename/s

Legal Surname

Preferred surname

Date of Birth

Gender

Male / Female

### Address Details

House number

Street

Town

Post code

Name of Previous/Current Nursery your child has/is attending:

### Parents/Carers with parental responsibility

**Parent/Carer 1**  
(with parental responsibility)

Mr / Mrs / Miss / Ms / Other

Forename

Surname

Relationship to child

Telephone number

Mobile number

Address (if different to the child) - **must include postcode**

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|                                                                    |                              |
|--------------------------------------------------------------------|------------------------------|
| <b>Parent/Carer 2<br/>(with parental responsibility)</b>           | Mr / Mrs / Miss / Ms / Other |
| Forename                                                           |                              |
| Surname                                                            |                              |
| Relationship to child                                              |                              |
| Telephone number                                                   |                              |
| Mobile number                                                      |                              |
| Address (if different to the child) - <b>must include postcode</b> |                              |

| <b>Additional Information</b>                                                                                                                  |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Medical information                                                                                                                            |                           |
| Ethnicity                                                                                                                                      |                           |
| Home Language                                                                                                                                  |                           |
| Religion                                                                                                                                       |                           |
| <b>Siblings</b>                                                                                                                                |                           |
| Name and age of siblings at our school                                                                                                         |                           |
| The Grange Academy Nursery will require additional information regarding your child which will be sought on admission.                         |                           |
| <b>I understand that I must show a copy of my child's birth certificate to school before she/he starts, as it is a government requirement.</b> |                           |
| I would like to apply for a place at The Grange School Nursery for my son/daughter.                                                            |                           |
| I would like an <b>AM</b> <input type="checkbox"/> <b>PM</b> <input type="checkbox"/> place. (Please note this preference is not guaranteed.)  |                           |
| Signed:                                                                                                                                        | (Parent/Carer)      Date: |

Please return the completed application form to:  
The Grange Academy, Latham Avenue, Runcorn WA7 5DX  
Telephone number: 01928 562660      Email: info@thegrange.com