



Fallings Park Primary School

Nursery Consideration Form

(Aged 2+)

Child's Date of Birth	
Child's Full Name	
Address	
Post Code	

Is the child in care (looked after child)?	YES	NO
Is there a Child Protection Plan in place?	YES	NO
Is there any previous social care?	YES	NO

Parent Contact Details

Mother's Full Name		Mother's Date of Birth	
Telephone Number		National Insurance Number	

Father's Full Name		Father's Date of Birth	
Telephone Number		National Insurance Number	

Who is making this request?	
Additional special educational needs or medical or needs?	
Main language spoken at home	
Has he/ she got any brothers or sisters?	
Please supply names and ages	

Do you agree to school using the above information to check eligibility	YES	NO
Are you happy for information to be shared with other appropriate professionals?	YES	NO

Signed	
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