ST PETER'S CE PRIMARY SCHOOL

NURSERY PREFERENCE APPLICATION FORM

SEPTEMBER 2026

Child's Name: ……

Date of Birth: …… Male/Female: ……

Address: …… Tel/Mobile No: ……

…… Postcode: ……

Monday – Friday – 09.00am – 3.00pm

Parent's Name(s) ……

Signature: ……..

Date:

Are you eligible for the free 30 hour entitlement? Yes ☐ No ☐ Don't Know ☐