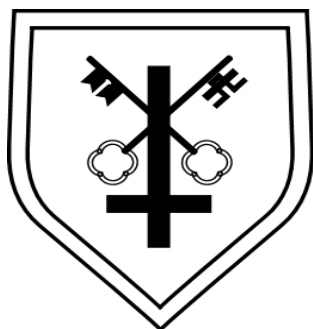




ST PETER'S CE PRIMARY SCHOOL
NURSERY PREFERENCE APPLICATION FORM
SEPTEMBER 2027

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 ☐