

**Head Teacher:** Mrs R Ashe

**Address:** Dorridge Primary School, Station Road, Dorridge, Solihull, B93 8EU

**Telephone:** 01564 772836

**Admissions email**: admissions@dorridge.solihull.sch.uk

**Website:** [www.dorridge.solihull.sch.uk](http://www.dorridge.solihull.sch.uk)

# Application for Dorridge Nursery Academic Year 2024 - 2025

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| Child’s details |
| Surname |  |
| Forename |  | Gender |  |
| Middle name |  | Date of birth |  |
| Current childcare |  |

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| Home address |
| Flat no/building name |  |  |
| Number/street |  |  |
| District |  |
| Town |  | Post code |  |

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| Contact details for parent/carer |
| Title: Mr/Mrs/Miss/Ms |  | Phone (day) |  |
| Surname |  | Phone (evening) |  |
| Forename |  | Phone (mobile) |  |
| Email address |  |
| Relationship to child |  | Do you have parental responsibility? | **Yes / No** |

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| Brothers or sisters who will be attending at the same time |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |

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| Additional information about your child |
| Does your child have an education, health and care plan? | Yes / No |
| Is your child “looked after” by a local authority (in care)? | **Yes / No** |
| If yes, which local authority? |  |

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| Please note: This application is for Nursery 15 Hours Universal Government Funding. 30 Hour Entitlement, Breakfast and Tea Time Clubs are available. More information will be sent to parents about the Dorridge provision after application. If you have been offered provision elsewhere be sure to let everyone know where your child is going to attend. |

**Signature………………………………………………………………………………Date…………………......**

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| **Please return this application form to: Claire Mansfield, Admissions Officer.** **Admissions email**: admissions@dorridge.solihull.sch.uk  |

**For office use only:**

Date application form received:

 **2024/2025**