



NORTH MEAD PRIMARY ACADEMY

NURSERY

WAITING LIST

Child's Family/Surname _____

Child's First Name _____ Male Female

Home Address _____

Post Code _____

Home Tel No _____ Mobile No _____

Child's date of birth ___/___/_____ Birth Certificate seen _____

Language spoken at home _____

Does your child have any special needs?
eg.epilepsy,asthma,diabetes,hearing,speech or sight difficulties

Any other members of family already in school?

_____ Class _____

_____ Class _____

Email address _____

Signed Parent/Carer _____ Date _____