enquiries@chandlersridge.org.uk
chandlersridge.org.uk
01642 312741
Head Teacher:
Mr R. Thompson

NURSERY ADMISSION REQUEST FORM

Please return this form to the School Office or email to nursery@chandlersridge.org.uk

Name of child	
Date of Birth	
Date of child's 3rd birthday	
Address	
Any Sibling Links to children already in school	
Telephone Number	
E-mail address	
Applicants Name	
Date	
Relationship to child	

I/We understand that I/We will receive communication at the appropriate time, either by letter or e-mail, advising whether I/We have been successful in obtaining a nursery place for my/our child.

Parent Name …….

Parent Signature ……