



George Fentham Endowed School
Fentham Road
Hampton in Arden
Solihull B92 0AY
01675 442800
office@george-fentham.solihull.sch.uk

Application for a Nursery place for September 2024
Closing Date 1st December 2023 offer date 31st January 2024

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

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

| 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 |

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

| 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? | |
| Are you taking up part of your provision with another provider? | |
| If yes, name the provider | |
| If you have been offered provision elsewhere be sure to let everyone know where your child is going to attend | |

Please return this application form to:

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