



# NURSERY, INFANT & JUNIOR SCHOOLS JOHN RANKIN SCHOOLS

Please complete and return to the school office

## Child's Details

Surname ..... Middle Name .....

Forename ..... Chosen Name (if applicable) .....

Date of Birth ..... Gender .....

Address .....

Postcode .....

## Parent's Details

Title ..... Forename .....

Surname .....

Address if different from above .....

Postcode .....

Contact telephone number .....

Does your child have a sibling at John Rankin Schools? Yes No

## Nursery Information

Please indicate the sessions you require (subject to availability)

Day	AM (8.45am—11.45am)	PM (12.00pm—15.00pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

## Funding (please tick)

- Is or has your child been looked after by local authority?
- Is your child eligible for Pupil Premium Grant (PPG)?
- Does your child have a statement of Special Educational Needs?
- Is or has your child been entitled to Free School Meal funding?
- Is your child entitled to Early Learning & childcare for 2 year olds
- Do you receive extended 30 hours Free Childcare

- Service child
- Traveller Status

*Please Specify type* .....

Unique Reference No. ....

Eligibility code .....