



**DULWICH
WOOD**
NURSERY SCHOOL

Application Form – 2-Year-Old Place

Child's family name:	Registration No:
Child's first name:	
Child's date of birth:	Child's gender: Male / Female
Home Address:	
Post code:	Borough:
Mobile:	Email Address:

PREFERRED SESSION: 5 mornings 08.35 – 11.15 <input type="checkbox"/> (Please tick) 5 afternoons 12.35 – 15.15 <input type="checkbox"/>	
Parent / guardian name	
Relationship	mother / father / guardian (please circle)
Does your child have other siblings currently attending Dulwich Wood Federation schools	Yes / No
Ethnic origin of family:	
First language:	
Other information concerning your child	
Does your child have any extra needs that we should know about before they start so we can support them?	Yes / No
If you answered 'Yes' to the above question please give details:	
OFFICE USE ONLY	
Birth Certificate seen: YES / NO	PROOF OF ADDRESS SEEN: YES / NO
Documents seen by (print name):	Date application received:
Borough confirmed as:	

*Applications will only be placed on our list when proof of address and a birth certificate have been seen by the office staff