

## Cecil Road Primary & Nursery School

Cecil Road, Gravesend Kent. DA11 7BT

Tel: (01474) 534544 Fax: (01474) 357667

Headteacher: Mrs Y. Quigley

**Dear Parents** 

## **Admission to Cecil Road Primary School Nursery Centre**

Thank you for showing an interest in our Nursery and for putting your child's name down on our waiting list. Children start in the Nursery sometime after their third birthday, the exact timing depending on when their birthday is.

Please complete and return the attached form, together with a photocopy of your child's birth certificate.

Depending on how early you have applied for a place in the Nursery you may have quite a long wait before your child may be offered a place.

Once you have applied for a place you will be invited to attend at least one parent and toddler coffee morning or afternoon prior to the time your child is eligible to start Nursery. These sessions will give you the opportunity to meet staff and ask any questions you might have. They also allow your child to experience some of the activities on offer under your watchful eye. You will receive an invitation to these parent and toddler coffee mornings/afternoons by post. Please remember to notify the school if you move.

I look forward to meeting you in the near future and I hope you take the opportunity to visit the nursery on one of these occasions.

Yours faithfully

J. Quigler

Mrs Y. Quigley Headteacher



## APPLICATION FOR ADMISSION TO AN LEA NURSERY



1. Name of School:

## **Cecil Road Primary & Nursery School**

2. Please give your child's details:	
Surname:	Forename(s):
Address:	
Postcode:	Date of Birth:
Name(s) of person(s) with parental responsibility:	The second secon
( , , , , , , , , , , , , , , , , , , ,	
Home telephone number:	Alternative telephone number:
3. Has your child any special educational, social, emotional or medical reason for admission to this nursery?	
,	
4. Does your child have any siblings currently in school? If so, please give details:	
The information on this form is correct to the best of my knowledge and belief	
Signad	
Signed:	Date:

Please return this form to the school office together with a copy of the birth certificate