

St Helen Auckland Primary School Manor Road St Helen Auckland Co Durham DL14 9EN

Tel: 01388 604168

Email: sthelenauckland@durhamlearning.net

Application for nursery place (funded)

Child's Name:		
Address:		
Postcode:		
Date of Birth:		
Name of Parent/Carer:	:	
Parent/Carer Date of E	Birth:	
National Insurance No):	
Telephone No:		
Email Address:		
When would you like y	your child to attend:	
Monday to Fi	riday AM	
Monday to Fr	riday PM	
All day Monda	ay, Tuesday and Wednesday morning.	
•	Statement of Special Educational Needs or will in please inform us as soon as possible.	require additional
Signed:		
Date of Application	on:	