



Aclet Close Nursery School,  
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### Application for a 2yr Old Nursery Place

Child's Name:.....Male/Female

Address .....

.....Post Code:.....

Date of Birth:..... Birth Certificate seen Y/N Signed:.....(office use only)

Name of Parent/Carer Mr/Mrs/Ms/Miss:.....

Relationship to child e.g Mother .....

Telephone No:.....Mobile:.....

Email Address:.....

#### Sessions: Please tick ONE:

Am (Morning) (8.30 to 11.30)

Or

Pm (Afternoon) (12.30 to 3.30)

Or

2.5 days\* - either BW – Mon a.m to Wed lunchtime

EW – Wed lunchtime to Friday p.m

Have you applied for your child's admission to **any** other Early Years provider? Yes/No

If so, please state which one:.....

Which is your first choice?:.....

If your child has a Statement of Special Educational Needs or will require additional support in Nursery, please inform us as soon as possible.

**Other relevant information:** Please inform us of any other circumstances of which we need to be aware, particularly with regard to which session you might prefer, and why.

Signed:..... Date:.....

Mrs Lisa Jenkins  
 Head Teacher