



Haworth Primary School  
Rawdon Road  
Haworth BD22 8DW  
Headteacher: Mrs Janet Parkinson Telephone 01535 642359

**Application Form For entry into Nursery and /or school**

Surname/Family Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Names \_\_\_\_\_ Sex Male / Female

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Mothers full name \_\_\_\_\_

Fathers full name \_\_\_\_\_

Relationship to child if not parent \_\_\_\_\_

Names(s) of brothers/sisters \_\_\_\_\_

Position in family (please circle) 1 2 3 4 5 6

Country of Birth \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Religion \_\_\_\_\_ Is English a second language? Yes / No

**PLEASE SUPPLY THIS INFORMATION IF KNOWN**

Does your child suffer any impairment of  Sight  Hearing  Physical

Does your child suffer from  Asthma  Eczema  Allergies

Other (please specify) \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Does your child suffer from Dyslexia?  Yes  No

Is there a history of Dyslexia in the family?  Yes  No

Please put my child on the Waiting List for Nursery Class  For School

My child is transferring from \_\_\_\_\_ School

Address \_\_\_\_\_

and is currently in Year \_\_\_\_\_

Signed \_\_\_\_\_ Parent / Carer Date \_\_\_\_\_

**OFFICE USE**

Place offered \_\_\_ / \_\_\_ / \_\_\_ Session a.m. / p.m. Birth Certificate verified YES / NO

Place offered \_\_\_ / \_\_\_ / \_\_\_ Year R 1 2 3 4 5 6 Class \_\_\_\_\_

Signed \_\_\_\_\_