



APPLICATION FOR ADMISSION TO ARAGON NURSERY SCHOOL

Aragon Primary School
Aragon Road, Morden, Surrey, SM4 4QU
Tel: 020 8337 0505
Fax : 020 8337 4602

Email : nurseryadmissions@aragon.merton.sch.uk
Website: www.aragonprimary.merton.sch.uk



Section 1 – Your child

Child's Surname		Date of birth
Child's first name	Child's middle name	Gender
Child's home address		

_____ Postcode _____		
Date moved to address: ____/____/____		

Section 2 – Parent or carer details

If you are not the child's mother or father you will need to supply documentation confirming your status as legal guardian.

Parent 1			
Title: _____ Surname _____ First name _____			
Relationship to child	Home Phone Number	Mobile phone number	Work phone number
Parent 2			
Title: _____ Surname _____ First name _____			
Relationship to child	Home Phone Number	Mobile phone number	Work phone number
Address (if different from the child's address)			

_____ Post Code _____			
Email address			

Details of Siblings Attending this School

Last Name	First Name	Date of Birth

Pre-School History

Name & Address	Start Date	End Date	Reason for Leaving

Emergency Contacts**Emergency Contact 1**

Title: _____ Surname _____ First name _____

Relationship to child	Home Phone Number	Mobile phone number	Work phone number
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Emergency Contact 2

Title: _____ Surname _____ First name _____

Relationship to child	Home Phone Number	Mobile phone number	Work phone number
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Does your child have any Medical or Educational Special Needs

If yes, please give details

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Details of Doctor

Name of Doctor	Telephone
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Address

Does your child have any allergies? If so, please give details
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Home Language

What is your child's first language?

What language does your child speak fluently at home?

Parents / Carers home language

Country of Birth of your child	Nationality
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