

**UHI Moray Nursery**

**Application Form 2024/25**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s full name: | | | | Known as: | | | | Date of Birth: |
| Parent/Guardian Name | | | | Office Use: | | | | |
| Home Address:  Post Code: Telephone Number:  Mobile Number: Email: | | | | | | | | |
| Do you wish to attend: | | | Full Time: (4 to 5 days) | | | | Part Time: (1 to 3 days) | |
| Are you a: | Student: | | | | Member of Staff: | | | Local Community: |
| If a student | | Course: | | | | Student Number: | | |

I wish to apply for admission of the above named child to UHI Moray Nursery.

Signed:…………………………………………………………..Name(print):………………………………………………………………..

Relationship to Child:……………………………………………………………………..

Date:……………………………………………………………………………………………………..…………………………………………….

Please remember to inform the Nursery of any change in contact details as these will be used when offering a place.

Please return to:

[Patricia.Eddie.Moray@uhi.ac.uk](mailto:Patricia.Eddie.Moray@uhi.ac.uk)

For Office use only:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Received: | Acknowledgement/WL letter sent: | | Offer/Regret letter sent: | | | Accept/Decline received: |
| Start Date: | |  | | Leaving Date: |  | |
| Comments: | | | | | | |