



**St Helen Auckland Primary School**  
**Manor Road**  
**St Helen Auckland**  
**Co Durham**  
**DL14 9EN**  
**Tel: 01388 604168**  
**Email: sthenauckland@durhamlearning.net**

**2 YEAR OLD NURSERY APPLICATION FORM ( funded places)**

**Child's Name:** .....

**Address:** .....

.....

.....

**Postcode:** .....

**Date of Birth:** .....

**Golden Ticket No** .....

**Name of Parent/Carer:** .....

**Parent/Carer Date of Birth:** .....

**National Insurance No:** .....

**Telephone No:** .....

**Email Address:** .....

**When would you like your child to attend:**

**Monday to Friday AM**

☐

**Monday to Friday PM**

☐

**All day Monday, Tuesday and Wednesday morning.**

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

**Signed:** .....

**Date of Application:** .....