



# Nursery Application

PLEASE COMPLETE IN BLOCK CAPITALS

<b>1. Details of Child</b>	Surname	First Name(s)		
	Date of Birth	/	/	Boy <input type="checkbox"/> Girl <input type="checkbox"/> <b>Please tick</b>

<b>2. Details of Parent(s) or Guardian(s) With Whom Child Lives</b>			
Surname	First Name	Mr/Mrs/Miss/Ms	Relationship to child
Home Tel. No.	Work Tel. No.	Mobile Tel. No.	
Surname	First Name	Mr/Mrs/Miss/Ms	Relationship to child
Home Tel. No.	Work Tel. No.	Mobile Tel. No.	
Address			
	Postcode		
	Email	Borough of Residence	

<b>3. Type of place</b> All places will be 15 hours per week	Priority for places will be given as per Wandsworth Council's admissions criteria for community schools.
<b>Preferred option</b>	Daily 9am, to 12noon Daily 12:30am to 3:30pm

<b>4. Details of Siblings attending this school</b>	Surname(s)	First Name(s)	Year Group	Date of Birth

<b>5. Reasons for application</b>	If you wish to give reasons for your application, please use the space below.
<div style="border: 1px solid black; height: 60px;"></div>	
If your child has an acute medical or personal reason for needing a place at this school, you must tick this box and provide professionally supported evidence with your application	<input type="checkbox"/> Medical / Social report attached

<b>6. Declaration</b>	1. I understand there is no automatic right of transfer from the nursery class to the infant reception class at the school. 2. I confirm that the above information is correct to the best of my knowledge and I understand that the Council or school reserve the right to reconsider the offer of a place should the information be incorrect.		
	Signature of Parent	Date	/ /