

Data Protection Act 1998
WARNING: The School is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within its authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

## PLEASE COMPLETE IN BLOCK CAPITALS

	1. Details of Child		Surname					First Name(s)					
		L	Date of Birth		1	1		Boy [		Girl		Please tick	
		_		=									
Ĺ	2. Details of Parent(s) or Guardian(s) With Whom Child Lives												
	Surname				First Name			Mr/Mrs/Miss/M	Relatio	Relationship to child			
	Home Tel. No.			Work Tel. No.				Mobile Tel. No.					
	Surname Home Tel. No.			First Name				Mr/Mrs/Miss/N	Relationship to child			7	
-				W	ork Tel. No.		Mobile Tel. No				_		
	Address												]
	Postcode												
	Email						Borough of Re	sidence					
				_									
	3. Type of place All places will be 15 hours per week  Priority for places will be given as per Wandsworth Council's admissions criteria for community schools.									i's			
Daily 9am, to 12noon													
	Preferred option	)[]	Daily 12:30am to	3:30	0pm								
					Surname(s)			First Name(s) Year		r Group Date of Birth			_
								First Name(s)	Yea	r Group		Date of Birth	
	4. Details of		_		Joinaine		ı	First Name(s)	Yea	r Group	1	Date of Birth	
	4. Details of attending the		_	— —	Sumame(s		1	First Name(s)	Yea	r Group	-	Date of Birth	
			_		Sumume(s			First Name(s)	Yea	r Group		Date of Birth	
	attending t	his	_	_ _ _ _	If you wish to gi								
	attending t	his	school										
	attending t	his	school	_  ]									
	attending t	his	school										
	5. Reasons	for	application		If you wish to gi	ive reasons fo	Dr yo	ur application,	please us		ace bel		
	5. Reasons f	for as ar	school		If you wish to gi	ive reasons fo	Dr yo	ur application,	please us		ace bel	ow.	
	5. Reasons f	for as ar	application  acute medical or ox and provide prof	fessic	If you wish to gi	ive reasons fo	ace (	ur application, at this school, your application	please us	se the spo	Me rep	ow. dical / Social ort attached	
	5. Reasons f	for as ar is bo	application  acute medical or ox and provide prof	fessic erstc	If you wish to gi	ive reasons for the reasons fo	ace (	ur application, at this school, your application	please us	se the spo	Me rep	ow. dical / Social ort attached	
	5. Reasons to the state of the	for as ar is bo	application  acute medical or ox and provide profession  1. I under reception  2. I confundersto	erstoon c	If you wish to gi	needing a placevidence will automatic rool.	ace (cath your is the state of	ur application, at this school, your application of transfer fro	please us	ursery cl	Me rep	ow.  dical / Social ort attached  the infant	