



APPLICATION FOR ADMISSION TO NURSERY CLASS

Please complete this form in **BLOCK CAPITALS** and return to

Albemarle Primary School, Princes Way, Wimbledon, London SW19 6JP

OFFICE USE ONLY: APPLICATION FORM RECEIVED	DISTANCE:
SIBLINGS: Y / N	ON SIMS DATE:
MEDICAL/SOCIAL NEEDS: Y / N	SCANNED DATE:
BIRTH CERTIFICATE SEEN: Y / N	ADMISSION YEAR

Child's name	Forename:	Surname:	
Date of birth		Gender: Male Female	
Birth Certificate	Please bring into the school so a copy can be made.	PLEASE NOTE: This application form cannot be processed until the Birth Certificate has been seen by the School Admissions Support	
Service Child	If either parent is a member of the armed forces please tick the box	<input type="checkbox"/>	
Permanent Address:		Home Telephone Number:	
Parent/Carer's name and DOB	Mr/Mrs/Miss/Ms Forename: Surname:	Date of Birth:	
Relationship to child and National Insurance No.:		NI No.:	
Contact Telephone No.:	Mobile:	Work:	
Email Address:			
Parent/Carer's name and DOB	Mr/Mrs/Miss/Ms Forename: Surname:	Date of Birth:	
Relationship to child and National Insurance No.:		NI No.:	
Contact Telephone No.:	Mobile:	Work:	
Email Address:			
Present or previous school / nursery / playgroup attended			
Details of siblings	Forename	Surname	Current School
Session Preferred (please tick)	Part time - All day Monday and Tuesday, Wednesday morning <input type="checkbox"/> Part time – Wednesday afternoon, all day Thursday and Friday <input type="checkbox"/>		
Reason for application:	If you wish to give reasons for your application, please use the space below.		

Emergency contact numbers	Details of other persons to contact if parent/carer is not available
3rd contact:	Mr/Mrs/Miss/Ms Forename: Surname: Telephone number:
Relationship to child:	Permission to collect <input type="checkbox"/>
4th contact:	Mr/Mrs/Miss/Ms Forename: Surname: Telephone number:
Relationship to child:	Permission to collect <input type="checkbox"/>
Medical/Social Evidence attached <input type="checkbox"/>	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.
Doctor's name, address & telephone number:	
Medical condition: (Please provide details of any medical condition that your child has e.g. asthma, eczema, diabetes, poor hearing or sight. Please attach any additional professionally supported information).	
Dietary needs: (Please provide details of any dietary needs that your child have e.g. vegetarian, food allergies, religious observations. Please attach any additional professionally support information).	
Special needs or aptitudes: (Please provide details of any special needs e.g. learning difficulties or aptitudes e.g. musically gifted. Please attach any additional professionally supported information).	
Any other important information concerning your child:	
Declaration:	I understand that there is no automatic right of transfer from the nursery class to the reception at the school. I am agreeable for the school to check if my child is eligible for Free School Meals. I confirm that the address given is my permanent address. I confirm that the above information is correct to the best of my knowledge and I understand that the school reserves the right to reconsider the offer of a place should the information be incorrect.
Signature of parent/carer	
Name of parent/carer	
Date:	

From time to time the school is asked to complete forms for Wandsworth Borough Council and the DfE which require pupils' ethnic background, home language etc. To help us provide them with the correct information please complete the following:

NAME OF CHILD _____ **CLASS** _____

Child's Ethnic Background

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Turkish
- White Eastern European
- White Western European
- White Other

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- Ghanaian
- Nigerian
- Somali
- Other Black African

Chinese

Any other ethnic background

- Latin/South/Central American
- Any other ethnic background

I do not wish an ethnic background category to be recorded
This will be recorded as '**refused**'.

Nationality:

Child's Country of Birth:

Language:

First language spoken by child:

Home Language:

Additional languages spoken:

Religion: (e.g. Catholic, Christian, Muslim etc.)

No Religion



PERMISSION FORM

Please sign this form against each activity that you give permission for your child to take part in.

Child's name _____ Date of Birth _____

Outings:

Sometimes the children go on walks and short trips around school. For example, walking to Wimbledon Park, or places of interest. They are always supervised on these walks and trips.

I give permission for my child to take part in short outings:

Signed _____

Photographs:

From time to time we would like to use photographs of the children on the newsletter, school website or in publications.

I give permission for my child's photograph to be used in the:-

(please tick to given permission)

School Newsletter ()

School Website ()

School Twitter ()

Outside Publications ** ()

** local newspaper / local authority publications.

Signed _____