



## 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

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

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

<b>Emergency contact numbers</b>	Details of other persons to contact if parent/carer is not available
<b>3<sup>rd</sup> contact:</b>	<b>Mr/Mrs/Miss/Ms</b> <b>Forename:</b> <b>Surname:</b> <b>Telephone number:</b>
<b>Relationship to child:</b>	
<b>4<sup>th</sup> contact:</b>	<b>Mr/Mrs/Miss/Ms</b> <b>Forename:</b> <b>Surname:</b> <b>Telephone number:</b>
<b>Relationship to child:</b>	
<b>Medical/Social Evidence attached</b> <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.
<b>Doctor's name, address &amp; telephone number:</b>	
<b>Medical condition:</b> (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).	
<b>Dietary needs:</b> (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).	
<b>Special needs or aptitudes:</b> (Please provide details of any special needs e.g. learning difficulties or aptitudes e.g. musically gifted. Please attach any additional professionally supported information).	
<b>Any other important information concerning your child:</b>	
<b>Declaration:</b>	I understand that there is no automatic right of transfer from the nursery class to the reception at the school.  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.
<b>Signature of parent/carer</b>  <b>Name of parent/carer</b>  <b>Date:</b>	