

**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.

Belleville Primary School

Nursery Application

PLEASE COMPLETE IN **BLOCK CAPITALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | |  | | | | | | | | | | | | |  |
|  | **1. Details of Child** | |  | | Surname | |  | | |  | | First Name(s) | |  | | | |  | |
|  |  | |  | | | | | | | | | | | | |  | |
|  |  | | Date of Birth | | |  |  | |  | | Boy | |  | Girl | Please tick |  | |
|  | |  | |  | |  | | | | | | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | |  |
|  | 2. Details of Parent(s) or Guardian(s) With Whom Child Lives | | | | | | |  | | |  |
|  |  | | | | | | | | | |  |
|  | 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 | | | |  |
|  |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | | | | |
|  | **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. |  |  | | |
|  |  | | | | | |  | |
| **Preferred option** | | | Daily 9am, to 12noon | | | | |  |
| Daily 12:30am to 3:30pm | | | | |
|  | |  | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | |  |  | | | |  |
|  | **4. Details of Siblings attending this school** | | |  | Surname(s) | | First Name(s) | Year Group | Date of Birth |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  | | |  |  | | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | |  |
|  | **5. Reasons for application** |  | If you wish to give reasons for your application, please use the space below. | | | | |  |
|  |  | | | | | | |  |
|  |  | | | | | | |  |
|  |  | | | | | | |  |
|  |  | | | | | | |  |
|  |  | | | | | | |  |
|  | 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 | | |  |  |  | Medical / Social report attached |  |
|  | **Does your child have an EHCP/Special Educational/Medical needs?**  **Please specify.** | | | | | | |  |
|  |  | | | | | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | |  |
|  | **6. Declaration** | |  | **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 |  |  |
|  | |  | | | | |  |

Please return to the Belleville School Office, Belleville Road, London, SW11 6PR