**CHILDREN AND FAMILIES**

|  |  |  |
| --- | --- | --- |
| http://www.signsbyyou.com/images/decals/140c/SDEPSL1/MASCOTS/OWL.gif | APPLICATION FOR ADMISSION BARHAM PRIMARY SCHOOL NURSERYSEPTEMBER 2017 |  |

|  |
| --- |
| **The information on this form is covered by the Data Protection Act and will not be passed to any organisation unconnected with the educational needs of your child. You may view the information that we hold. The Council may check other sources of information in order to confirm details given on this form.** |

# Please read the guidance notes before completing this form. Please complete in block capitals and provide any documents requested on the application form.

### Pupil Information

|  |  |  |
| --- | --- | --- |
| **Forenames** | Please underline the name by which the pupil is usually known | **Office Use Only** |
| **Surname** |  |  |
| **Date of Birth** | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ | **Gender (M/F)** |  | Birth Cert. SeenYes No |
| **Child’s Current Permanent Address** |  | Evidence SeenYes No |
|  |
|  |  |
|  |
| Borough |  |  |
| **Postcode** |  | Telephone Number |  | In catchmentYes No |
|  |  |  |
| Please list any brothers or sisters already at the school(This includes step and/or half brothers and sisters resident at the same address – but not cousins) | Name | Date of Birth | Sibling connectionYes No |
|  |  |  |
| Is the child in public care, i.e. ‘looked after’ by Brent?(If ‘YES’ the application must be made by the person with parental responsibility and/or a social worker) |  | Looked AfterYes No |

|  |  |  |
| --- | --- | --- |
| **Are there significant medical, social or special educational needs which you would like taken into account?** |  | Special NeedsYes No |
| All applications made under this criterion must be supported by a recommendation in writing from a recognised professional of senior status.  |
| **Parent/Carer’s Information** |  |  |
| Mother’s Name |  | **Father’s Name** |  |
| Address if different to child’s |  | **Address if different to child’s** |  |
| **Daytime Tel** |  | **Daytime Tel** |  |
|  |  |  |

### Before returning the form to the school, please tick that you have:

### Answered every question in full  Included evidence of your child’s age: 

###  Original birth certificate/medical card/red book

Included evidence of your address:

2 original proofs of address; utility bill & bank statement 

within last 3 months Included any evidence of special needs, where

 appropriate

Signed the declaration 



### All forms must be returned by 3:30pm on 15th January 2017. If your form is received after this date it will only be considered after all those received on time.

**Offers of places will be made on 18th April 2017.**

### DECLARATION

### I hereby declare that to the best of my knowledge and belief the details I have given above are correct and I agree to notify the school in writing of any changes that arise. I understand that withholding information and/or giving false information could invalidate any subsequent offer of a place for my child. I give my permission for the Council/School to make any necessary checks to confirm information given that is relevant to the success of my application.

Signed (Parent/Carer) Date

Relationship to child

|  |
| --- |
| OFFICE USE ONLYCriterion Met 1  2  3  4  5  6 Offer Made Yes  No  Signed Date Date Acceptance Received  |