

# Application for a nursery place at Cheam Fields Primary Academy in the 2020/2021 academic year



Please note closing dates for applications:

10<sup>th</sup> January 2020

App. No:

Date:

Please read the attached booklet carefully before completing this form and please tick any boxes that are appropriate. **For Children born between 31 August 2016 – 31 December 2017**

## 1. Child's Details

Surname	Date of Birth	Boy/Girl
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name(s)	
<input type="text"/>	<input type="text"/>	

Child's Home Address (it is **very important** to include your postcode)

This must be the address where the child lives permanently, and should not be a carer or relatives' address. **If this is** different from the parent/carer's address, please give reasons for this on a separate sheet of paper.

<input type="text"/>
<input type="text"/>
<input type="text"/> Post Code:

## 2. Parent/Carer's Details

Surname	Title	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to child		
<input type="text"/>		

Do you have Parental Responsibility for the child? (see booklet) Yes  No

Address (if different from child's address given above)

<input type="text"/>
<input type="text"/>
<input type="text"/> Post Code:

Home Telephone No:	<input type="text"/>
Mobile Telephone No:	<input type="text"/>
Work Telephone No:	<input type="text"/>
Email Address:	<input type="text"/>

### 3. Please complete the following to help us determine your priority for a place

a) Is your child Looked After i.e. In public care? Yes  No

If yes within which Local Authority?  
(please provide confirmation from a Social Worker)

b) If you wish to put forward any medical/social reason why your child should attend our nursery please tick this box and provide details with your form.

**It is important to include any known medical or social reasons now as it may not be possible to take them into account later.**

c) If there is a sibling who will be attending our schools on the date of your younger child's admission please tick this box and give details below. If there is more than one sibling, please include details of all with your application.

Name of sibling M/F	Date of Birth	Year Group	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

d) If you wish to give any other reasons for stating your preference please tick this box and include details on a separate sheet of paper, and attach to your application.

### 4. Declaration and signature of Parent/Carer

- I wish to apply for a place in the nursery of Cheam Fields Primary Academy
- I understand that allocation of a nursery place does not guarantee admission to the main primary school.
- I certify that the information given is true to the best of my knowledge and belief.
- I will notify the school of any change in circumstance that will affect my application, including change of address.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn.

**Please attach copy of child's birth certificate and copy of Council Tax (for proof of address)**

Signed (Parent/Carer)	Date
<input type="text"/>	<input type="text"/>

### Returning your application form

Forms can be posted or hand delivered to:  
Lorraine Byrne, Office Manager  
Cheam Fields Primary Academy  
Stoughton Avenue  
Cheam Surrey  
SM3 8PQ