



Cheam Common Infants' School

Application for Starting Nursery 2018/2019

Please only complete this form if your child's date of birth is between 1 September 2014 and 31 March 2016. Completed forms must be returned to the school by Monday 15 January 2018 at 3.30pm

1 Child's Details

Child's Surname Date of Birth / / Boy/Girl

Child's First Name Child's Middle Name(s)

Child's Home Postcode:

Has the child moved in the past 12 months? Yes/No If yes, previous address:
Postcode:

(This must be the address where the child normally lives. If this is different from the parent/carer address, please give reasons for this. If parents share custody, this must be stated and both addresses shown.)

2 Parent / Carer's Details

	Applicant (First Contact)	Second Contact (Optional)
Parent/Carer Title	(Please circle) Mr Mrs Miss Ms Dr Other	(Please circle) Mr Mrs Miss Ms Dr Other
Surname	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Relationship to Child	<input type="text"/>	<input type="text"/>
Address (if different from child's address above)	<input type="text"/> Postcode: <input type="text"/>	<input type="text"/> Postcode: <input type="text"/>
Home Tel No	<input type="text"/>	<input type="text"/>
Daytime Tel No	<input type="text"/>	<input type="text"/>
Mobile Tel No	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	<input type="text"/>

Do you have parental responsibility for this child? Yes/No Yes/No

Please note that only the first contact will receive an outcome letter.

3 Children in Public Care / Looked After Children

Is the child in public care of a Local Authority? Yes No

Is the child adopted or subject to a residence or special guardianship order, immediately following having been in Public Care? Yes No

If Yes, please state which Local Authority

If yes, please provide a letter from the social worker confirming the legal status of the child and the Local Authority with whom the child is in care.

4 Medical/Social or Sibling Reasons

If there will be a sibling attending the school on the date of your younger child's admission (in the school or attached junior school) please give the details below. If there is more than one sibling, please give the details of all with your application.

Sibling Details	First Name:	Surname:
	Date of Birth:	Year Group:

Medical or Social Reasons for Preference

Only complete this space if you think there are exceptional medical or social reasons why your child should attend our school. **You must provide professionally supported evidence with this application form for your claim to be considered. It is rare for a social or medical claim to be upheld.**

5 Requested provision (please only tick one of the below)

My child will be entitled to

15 Hours Free provision

30 Hours extended entitlement

I would prefer an AM / PM or 2½ day place (please circle as appropriate – this is not guaranteed but merely an indication)

6 Declaration and Signature of Parent/Carer

We are committed to protecting your privacy. We will treat any personal information by which you can be identified (i.e. name, address, e-mail etc.) in accordance with the provisions of the Data Protection Act 1998. We will not collect any personal information without your knowledge. This information will be collected for a known purpose that you understand and will not be used in future for any reason other than the one for which it is being collected. We will not sell, trade or rent your information to other third parties.

I certify that:

- I wish to apply for a nursery place at Cheam Common Infants' School.
- I certify that I am the person with Parental Responsibility for the child named on this form and that the information given is true to the best of my knowledge and belief.
- I understand that any false or misleading information given on this form and /or supporting information may render this application invalid, or lead to an offer of a place being withdrawn, and that it is solely my responsibility to provide full information to the school.
- I will notify the school of any changes to the details on this form as soon as they occur, **especially any change of address, and understand that failure to do so may result in an offer being withdrawn.**
- I authorise the school to make any checks as they deem necessary. Also, the details of my application and outcome may be shared for health or safeguarding reasons.

I understand that:

- Applicants in short term rented accommodation may be asked to provide evidence of their current and former housing arrangements.
- Where an applicant has ownership of a property that should be used for the purposes of school admission, and the applicant must provide evidence and reasons for the use of any other address.
- Where an applicant rents a property and has ownership of an alternative property, the rented property will only be used for admission purposes if the child has been resident away from the owned property for a period of 18 months or more at the closing date for applications.
- Any applicant who moves from a rented or temporary address in advance of their child taking up their school place may have their place withdrawn if it is found the family have returned to an address already in their ownership.
- The school will investigate whether the place should be withdrawn if the pupil is not resident at the application address at the time of the September entry point.
- Where it is found an address has been used for the purposes of admission where the child is not ordinarily resident, the application and any place offered will be withdrawn.
- An offer found to have been gained fraudulently will be withdrawn. This may also be the case where the child has started the school.
- In some cases, places may not be withdrawn once a child has been attending the school for a term or more. In these circumstances future sibling applications will not be given sibling priority for places and will be considered under the next appropriate criterion.

Parent / Carer's Signature: _____

Date: _____