



WEST HILL PRIMARY SCHOOL APPLICATION FOR ADMISSION TO THE NURSERY BIRTH CERTIFICATES OR PROOF OF DATE OF BIRTH MUST BE SEEN

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

1. Details of Child	Surname	First Name(s)		
	Date of Birth	/	/	Boy <input type="checkbox"/> Girl <input type="checkbox"/> Please tick

2. Details of Parent(s) or Guardian(s) With Whom Child Lives				
(i) Surname		Forename		Mr/Mrs/Miss/Ms
(i) Home Tel. No.		Work Tel. No.		Relationship to child
(ii) Surname		Forename		Mr/Mrs/Miss/Ms
(ii) Home Tel. No.		Work Tel. No.		Relationship to child
Address				
	Postcode		Borough of Residence	

3. Type of place	Part-time AM <input type="checkbox"/>	Part-time PM <input type="checkbox"/>	Full-time* <input type="checkbox"/>	Please tick
If you are requesting a full-time place, are you a single parent in full-time employment or study?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please tick	
*Please note that the school can only offer a limited number of full-time places to Wandsworth resident children only.				

4. Details of Siblings attending this school	Surname(s)	First Name(s)	Date of Birth

5. Reasons for application	If you wish to give reasons for your application, please use the space below.	
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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	<input type="checkbox"/>	Medical / Social report attached

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

/ /

For School Use Only

Place offered:

Yes

Part Time

Full Time

Date of Admission

/ /

UPRN

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or

No

Please state reason below:

Signature of Headteacher

Date

/ /