Wandsworth

Data Protection Act 1998



WARNING: The Authority 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.

APPLICATION FOR ADMISSION TO A NURSERY CLASS AT ST JOSEPH'S CATHOLIC PRIMARY SCHOOL

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

	1. Details of Child		Surname					First Name(s)						
			Date of Birth		/	/			Boy		Girl] Plea	se tick
	2. Details of Parent(s) or Guardian(s) With Whom Child Lives													
	(i) Surname	nme					Initials Mr/Mrs/Miss/Ms							
	(i) Home Tel. No. Work Tel.				el. No.				Relationship to child					
	(ii) Surname					Initials				Mr/Mrs/Miss/Ms				
	(ii) Home Tel. N	No.			Work Tel. N	lo.				Rela	itionship to			
	Address													
		Р	ostcode			Во	rough of F	Res	sidence					
	3. Type of p	. Type of place Part-time Full-time* Please tick												
	If you are requesting a full-time place, are you a single parent in full-time employment or study? Yes No Please							se tick						
	*Please note that the school can only offer a limited number of full-time places													
4. Details of Siblings Surname(s)							First Name(s) Date of Birt					Birth		
	who will be in attendance at time of													
	admission													
	5. Reasons	fo	application	1	If you wish	to give	reasons fo	or y	our applicat	tion, p	lease use th	e spac	e 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														
	1. I understand there is no automatic right of transfer from the nursery class to the infant reception													
	6. Declaration 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 Pa	arer	nt						Date		,	1	/	

Is your child a Catholic	YES/NO	(please circle answer)
Is your child baptised?	YES/NO	(please circle answer)
Parish attended?		

For School Use 0	Only	
Place offered:	Yes	Part Time Full Time
Date of Admission	1 1	UPRN
	or No	Please state reason below:
Signature of Headtead	cher	Date / /