

**WANDSWORTH
APPLICATION FOR ADMISSION TO A NURSERY CLASS AT
FRANCISCAN PRIMARY SCHOOL**



1. Details of Child	Surname:	First Name:
	Middle Name(s):	
Date of Birth	/	/20
	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>

2. Details of Parent(s) or Guardian(s) with whom the child lives					
Surname		First Name:		Mr/Mrs/Miss/Ms	
Home Tel. No.		Work No.		Mobile No.	
Relationship to child: (e.g. mother/father/carer)					
Surname		First Name:		Mr/Mrs/Miss/Ms	
Home Tel No.		Work No.		Mobile No.	
Relationship to child: (e.g. mother/father/carer)					
Main Contact Email Address:					
Address:					
Postcode:			Borough of Residence:		

3. Type of Place	<p>Please tick your preferred option.</p> <p>PLEASE NOTE ALL NURSERY PLACES ARE TERM-TIME ONLY.</p>
PART-TIME OPTIONS (15 HRS)	
AM (Monday - Friday (8.55 - 11.55am)) <input type="checkbox"/>	PM (Monday - Friday (12.15 - 3.15pm)) <input type="checkbox"/>
2 ½ Days (Monday (FT), Tuesday (FT) and Wednesday (AM)) <input type="checkbox"/>	2 ½ Days (Wednesday (PM), Thursday (FT) and Friday (FT)) <input type="checkbox"/>
FULL-TIME OPTIONS (30 HRS)	
15 Hours 'Additional Entitlement' funded by the Government [Full-time place]. <i>(Please ensure that you apply and qualify for the additional 15 hours funding from the HMRC)</i>	Full-time <input type="checkbox"/> (30hrs Funding)
15 Hours -Top Up Fee [Full-time place]. <i>(We offer an option to pay a fee to top up; your child's part-time place to a full time place at a current cost of £75 per week.)</i>	Full-time <input type="checkbox"/> (Top-Up)

4. Details of siblings attending this school	Surname	First Name(s)	Class

5. Reasons for application	If you wish to give reasons for your application, please use the section 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 <input type="checkbox"/>	Medical/Social Report attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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/Carer		Date	
Signature of Parent/Carer		Date	

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FOR OFFICE USE ONLY

Application Form Received	By:	Date:
Admission Year	September 20____	January 20____
PLACE OFFERED:	YES <input type="checkbox"/> NO <input type="checkbox"/>	PART-TIME AM (8.55 - 11.55am) <input type="checkbox"/>
FULL -TIME (30 HRS Funded)	<input type="checkbox"/>	PM (12.15 - 3.15pm) <input type="checkbox"/>
FULL -TIME (TOP-UP)	<input type="checkbox"/>	2 ½ (M, T & W) <input type="checkbox"/>
		2 ½ (W, T & F) <input type="checkbox"/>
Place Accepted:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Admission / /
UPN:		Entered on SIMS: DATE/BY / /
If place turned down or child does not start, please state reason below:		
Signature of Headteacher/Admissions Officer:		
Date:		