



SHERINGDALE

APPLICATION FOR ADMISSION TO NURSERY CLASS

PLEASE COMPLETE IN BLOCK CAPITALS.

1. CHILD'S DETAILS			
First Name:		Last Name:	
Date of Birth:		Gender : (please tick)	Boy <input type="checkbox"/> Girl <input type="checkbox"/>

2. DETAIL'S OF PARENT(S) OR GUARDIAN(S) WITH WHOM THE CHILD LIVES			
i) Title (delete as appropriate) Mr/Mrs/Miss/Ms			
First Name:		Last Name:	
Relationship to child:		Mobile:	
Email:			
Address:			
	POSTCODE		

ii) Title (delete as appropriate) Mr/Mrs/Miss/Ms			
First Name:		Last Name:	
Relationship to child:		Mobile:	
Email:			
Address:			
	POSTCODE		

3. PREFERRED TYPE OF PLACE		(PLEASE TICK THE APPROPRIATE BOX)
PART-TIME GROUP 1	Monday – Friday 9.00am – 12.00pm	<input type="checkbox"/>
PART-TIME GROUP 2	Monday – Friday 12.15pm – 3.15pm	<input type="checkbox"/>
We offer an option to pay to top up your child's part-time place to a full-time place. Please tick here if you would like more information.		
FULL-TIME	Monday – Friday 9.00pm – 3.15pm	<input type="checkbox"/>



SHERINGDALE

4. DETAILS OF SIBLING(S) ATTENDING THIS SCHOOL

First Name:		Last Name:		Date of Birth:	
First Name:		Last Name:		Date of Birth:	

5. REASON FOR APPLICATION

If you wish to give reasons for your application, please use this space.

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 applications.

Medical / Social

Report Attached

6. DECLARATION

1. I UNDERSTAND THERE IS NO AUTOMATIC RIGHT TO 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.

Families will be notified after the Easter Holiday. Thank you for your interest in Sheringdale Primary school.

Note: We follow Wandsworth guidelines for our nursery admissions.

Details are available in the booklet 'Choosing Early Education in Wandsworth', or on the Wandsworth website.

Parent/Career Name:		Signature:		Date:	
---------------------	--	------------	--	-------	--

Learn Create Grow Together

Headteacher: Ms Sarah Jones, Deputy Headteacher: Jo Robinson

Standen Road, Southfields, London SW18 5TR Tel: 020 8874 7340 Fax: 020 8877 0155

Email: info@sheringdale.wandsworth.sch.uk