



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 it would be 2 and a half days Monday & Tuesday Full Days & Wednesday Morning or Thursday & Friday Full Days & Wednesday Afternoon. | | <input type="checkbox"/> |
| We offer an option to pay to top up your child's part-time place to a full-time place. You can also apply for the 30hour free child care code through the link https://www.gov.uk/apply-free-childcare-if-youre-working | | |
| FULL-TIME | Monday – Friday 08:45am – 15:25pm | <input type="checkbox"/> |



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4. DETAILS OF SIBLING(S) ATTENDING THIS SCHOOL

| | | | | | |
|-------------|--|------------|--|----------------|--|
| First Name: | | Last Name: | | Date of Birth: | |
| First Name: | | Last Name: | | Date of Birth: | |

If your child has an acute medical or personal reason for needing a place at this school, you must tick

5. REASON FOR APPLICATION

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

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: Philip Rickner and Ellen Gibson

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

Email: info@sheringdale.wandsworth.sch.uk