# **APPLICATION FOR NURSERY ADMISSIONS**



# PLEASE COMPLETE SECTIONS 1, 2 AND 3 OF THIS FORM IN BLACK INK

| 1. Child's  | Details  |  |   |  |  |
|---|--|--|---|--|--|
| Child's<br>First Name(s)                                      |  | Surname<br>Last Name                     |   |  |  |
| Child's Date<br>Of Birth                                      |  | Boy/<br>Girl                             |   |  |  |
|   | Proof of date of birth MUST be provided  | _  |   |  |  |
| Child's<br>Home<br>Address                                    |  |  |   |  |  |
| give reasons for this.<br>Only one address ca                 | e where the child normally lives and sleeps and from when<br>If parents share custody, this must be stated and both ac<br>n be used for the purposes of this application and a mutual<br>t be sought then the school will make a decision. Please of | Idresses shown with all agreement should | details and <b>official</b> proof of care arrangements. be sought as to the address that will be used. If |  |  |
| 2. Parent/  | Carer Details  |  |   |  |  |
| Parent/Carer1   | Title (Please circle) Mr Mrs Miss Ms   | First name                               |   |  |  |
|   |  | <u> </u>                                 |   |  |  |
| Surname   |  | Relationship<br>to child                 |   |  |  |
| Address (If different from child's address given above)       |  |  |   |  |  |
| Home<br>Tel no.   | Daytime<br>Tel no.   | Er                                       | nail  |  |  |
| Parent/Carer2 Title (Please circle) Mr Mrs Miss Ms First name |  |  |   |  |  |
| Surname   | l  | Relationship<br>to child                 |   |  |  |
| Address (If different from child's address given above)       |  |  |   |  |  |
| Home  | Daytime  | Er                                       | nail  |  |  |

### 3. Siblings attending Richard Cobden School

Children with a sibling (brother or sister) attending our school who will still be on roll when they join may be given priority of admission to this school. The term sibling refers to brother or sister, half brother or sister, adopted brother or sister, step brother or sister, or the child of the parent/carer's partner where the child for whom the place is sought is living in the same family unit at the same address as the sibling. A sibling relation does not apply when the older child will leave before the younger one starts.

| Name | Date of Birth | Year Group |  |
|------|---------------|------------|--|
|      |               |            |  |
|      |               |            |  |
|      |               |            |  |
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|      |               |            |  |
|      |               |            |  |
|      |               |            |  |
|      |               |            |  |

Please continue on a separate sheet if necessary.

#### 4. Other Information

### Children with Statements of Special Educational Needs

Does your child have a Statement of Special Educational Needs?

YES / NO (please delete as appropriate)

If yes, you should not complete this form. There is a separate process for children with Statements of Special Educational Needs. Please contact your local authority's Special Educational Needs Team for further details. For Camden residents the Special Educational Needs Team can be contacted on 020 7974 6500.

### Looked After Children / Previously Looked After Children

| Is the child in the public care of a local authority? | YES/NO (please delete as appropriate) |
|---|---------------------------------------|
| If yes, please state which Local Authority (borough)  |                                       |

If yes, please also provide a letter from the social worker confirming the legal status of the child and the local authority with which the child is in care. The letter should also provide the reasons for the preference of this school.

### **Exceptional Social or Medical Grounds**

Does your child have a specific social or medical reason for choosing the school? YES / NO (please delete as appropriate)

There will have to be a clear link between the child's exceptional need and this school. Parents/carers will need to submit a case supported by appropriate professional evidence from a doctor, social worker, or similar professional. That evidence will need to support the link between the need and the particular school being applied for. Contact Camden Admissions Team for further guidance.

| Report Attached? YES / NO (please delete as appropriate) |  |
|--|--|
| Who is the report from?                                  |  |

Parents and carers should note that a place in a nursery class does not give an automatic right of transfer to the reception class in this school. You will need to make a new application.

## 5. Declaration and Signature of Parent/Carer

- I certify that I am the person with parental responsibility for the child named on this form who lives in the address given on the form and that the information given is true to the best of my knowledge and belief.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn. I understand that it is my responsibility to provide full information to Richard Cobden School.

In accordance with the Data Protection Act (1998), the personal information you have provided to Richard Cobden School will be used to assist with your child's admission to the school and information supplied will be used for registered purposes only.

| Parent's /<br>Carer's<br>Signature |    |    |  |  |  |
|------------------------------------|----|----|--|--|--|
|                                    |    |    |  |  |  |
| Date                               |    |    |  |  |  |
|                                    |    |    |  |  |  |
| School Stamp                       |    |    |  |  |  |
|                                    |    |    |  |  |  |
|                                    |    |    |  |  |  |
|                                    |    |    |  |  |  |
| For Official use only:             |    |    |  |  |  |
| Place offered: Y                   | ES | NO |  |  |  |
| If refused, reason for refusal:    |    |    |  |  |  |
|                                    |    |    |  |  |  |
|                                    |    |    |  |  |  |
|                                    |    |    |  |  |  |
|                                    |    |    |  |  |  |
|                                    |    |    |  |  |  |