

APPLICATION FOR ADMISSION ARK ATWOOD PRIMARY ACADEMY NURSERY



The information on this form is covered by the Data Protection Acts and will not be passed to any organisation unconnected with the educational needs of your child. You may view the information that we hold. The Council may check other sources of information in order to confirm details given on this form.

Please read the guidance notes before completing this form. All forms must be returned to the school office. Please complete in block capitals and provide any documents requested on the application form.

Pupil Information

Forenames	Please underline the name by which the pupil is usually known		
Surname			
Date of Birth	____/____/____	Gender (M/F)	
Child's current permanent address			
	Postcode:		
Telephone Number			

Sessions required – please select one

Full time – paid place (£143.00 per week)	
Full time – entitled to Government 30 hour free childcare (code to be supplied before child starts)	
Part time Group 1 (Mon + Tues 8:40 – 3.15pm and Wed 8:30 – 11:30) Group 2 (Weds 1 – 4pm and Thurs + Fri 8:40 – 3.15pm)	

Please list any brothers or sisters already at the school (This includes step and/or half brothers and sisters resident at the same address – but not cousins)	Name & Date of birth
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Is the child in public care, i.e. 'looked after' by a Local Authority? (If 'YES' the application must be made by the person which parental responsibility and/or a social worker)	
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Are there significant medical, social or special educational needs which you would like to be taken into account?	
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All applications made under this criterion must be supported by a recommendation in writing from a recognised professional of senior status.

Parent/Guardian's Information

Mother's name		Father's name	
Address if different to child's		Address if different to child's	
Telephone number		Telephone number	
Email		Email	

Before returning the form, please tick that you have:

- | | | | |
|-----------------------------------|--------------------------|--|--------------------------|
| Answered every question in full | <input type="checkbox"/> | Included a copy of your child's birth certificate/passport | <input type="checkbox"/> |
| Included evidence of your address | <input type="checkbox"/> | Included evidence of special needs, where appropriate | <input type="checkbox"/> |
| Signed the declaration | <input type="checkbox"/> | | |

All forms must be returned to the below address

Where there are more applications than places available they will be offered in accordance with the oversubscription criteria.

DECLARATION

I hereby declare that to the best of my knowledge and belief the details I have given above are correct and I agree to notify the school in writing of any changes that arise. I understand that withholding information and/or giving false information could invalidate any subsequent offer of a place for my child. I give my permission for the Council/School to make any necessary checks to confirm information given that is relevant to the success of my application.

Signed _____ (Parent/Guardian) Date _____

Relationship to child _____

Please return this form to ARK Schools:

**School Office
ARK Atwood Primary Academy
Amberley Road
London
W9 2JY**

Or alternatively please scan and email to info@arkatwoodprimary.org