



All Saints' C of E Primary School, East Road, London SW19 1AR

Application for Admission – Nursery

Child's first names: \_\_\_\_\_ Family name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Boy:   
Girl:

Address: \_\_\_\_\_

Full postcode: \_\_\_\_\_ Borough: \_\_\_\_\_

I/we am/are applying for:

An Open Place:  A Foundation Place:  (see attached reference form)

Name(s) of parent(s) or guardian(s) with  
whom the child lives:

Telephone numbers:

1 \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

Relationship to child \_\_\_\_\_

2 \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

Relationship to child \_\_\_\_\_

Present Nursery: \_\_\_\_\_

Name of brother or sister attending All Saints' C of E School at above named child's proposed date of entry:

1 Name \_\_\_\_\_ Date of birth \_\_\_\_\_

2 Name \_\_\_\_\_ Date of birth \_\_\_\_\_

**If there are strong medical or strong social reasons you want to use to support your choice of school, you must attach written evidence from an appropriate professional person. Evidence received which is not attached to this form may not be considered.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**USEFUL INFORMATION**

**PUPIL'S USE OF LANGUAGES (including English)**

Please tick box

LANGUAGE(S)	Speaking	Reading	Written
(1).....	(    )	(    )	(    )
(2).....	(    )	(    )	(    )
(3).....	(    )	(    )	(    )

**LANGUAGES SPOKEN IN THE HOME**

.....  
.....

**ETHNIC HERITAGE .....**

**SPECIAL EDUCATIONAL NEEDS**

Does your child have any special educational needs?

Yes  No

If yes please give details.....

Does your child have a statement of special needs?

Yes  No

**DIETARY NEEDS**

Does your child have any special dietary needs?

Yes  No

If yes please give details.....

**RELIGION**

Please specify.....



**SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO ALL SAINTS'  
CHURCH OF ENGLAND PRIMARY SCHOOL.**

Completion instructions: Parents/carers should fill in this form **only** if they are applying for a foundation place. The completed form should be returned direct to the school by the closing date. Failure to return this form will result in any application being considered under the open place criteria.

You should ensure that you have a copy of the admission policy prior to completing the form and returning it to the school. You must also complete the Common Application form available from your home Local Authority and name the school on that form. The Common Application Form should be returned direct to your home Local Authority.

**NB: Parents should only complete this form if they are applying for a Foundation place.**

**1. Pupil information**

Surname of child: \_\_\_\_\_ Other name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_

**2. Parent / Guardian Information**

Name of parent / guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Full Postcode: \_\_\_\_\_.

Home telephone: \_\_\_\_\_ Daytime telephone(if different):: \_\_\_\_\_

**3. Church Commitment**

Name of the church you attend: \_\_\_\_\_

If this is not an Anglican Church please state the denomination to which your church belongs.

Do you attend church worship at least once a month? Yes  No

Have you worshipped in this church for at least one year prior to application? Yes  No

If you have worshipped for less than one year at your current church, please supply the name and address of your previous church and minister below, in addition to your current minister overleaf.

**4. Church Information.**

Name of Priest / Minister: .....

Address of Priest / Minister: .....

.....

Post code; .....

I confirm that the information given above is correct and that I have read the admission policy.

Signed:  
(Parent / Guardian) .....

Date: .....

**Please do not complete the Minister's section below; your minister should complete the following section to verify the information given in paragraphs 3 and 4 above.**

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**5. For Minister's reference only:**

Can you confirm that the applicant is a committed member of your church in the terms of our admission policy, ie that they have attended worship at least monthly for the last year? **Yes / No**

Are there any particular circumstances that the governors should take into account, eg if church attendance has been less than monthly because the applicant is looking after an elderly relative or for some other valid reason, please give brief details.

Is your church is a member of the Churches Together in England and Ireland? Yes  No

Please supply Registration No: .....

**NB:** If a family is refused a place at the school and appeals against the governor's decision, this form may be used as evidence at the appeal.

Signed:  
(Minister) .....

Date: .....