

ADMISSION TO HOLLICKWOOD NURSERY SCHOOL	CHILD'S NAME
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An individual form must be completed for every child wishing to enter this Nursery school including those who may have older brothers/sisters in the school. You must not assume that a place has been reserved for your child because you have completed this form.

**PLEASE COMPLETE IN BLOCK LETTERS USING BLACK INK.**

**Please note you will be required to provide proof of your address to the school, this could be either (i) two utilities bills or (ii) registration for council tax and one utility bill, in all cases showing your name and address.**

Application for admission to: **HOLLICKWOOD NURSERY SCHOOL**

Child's Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Child's Address:..... Date of Birth \_\_\_\_\_

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.....Post Code.....Male  Female

email address:.....

Are there any younger children in the family? Yes  No  If YES Please give dates of births.

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name(s) of parent(s) or adult(s) with parental responsibility as defined in the Children Act 1989\*

Relationship to Child	Initials	Title and Surname	Address (if different to above)	Daytime Tel. No.

Does your child have medical, social or educational needs which this school is particularly able to meet? If your child is to be considered exceptionally, you must provide a written statement from a doctor, social worker or other appropriate professional. There must be a very specific connection between your child's need and this particular school.

Does your child attend a school at present yes  no  Name of school.....

Does your child have brothers/sisters attending this school yes  no

Name .....Present age.....Name.....Present age

Are you currently employed at this school? yes  no

**(please continue over page)**

✂ .....

From: the Headteacher of.....School.....To: the paren(s) of.....

I have received your application for your child to attend this school and have noted it. The fact that a child's name has been taken does not mean that a place will necessarily be available. This will depend on the number of applications and if the school is oversubscribed places will be offered in accordance with the admission criteria set out in "A guide to primary education". Please keep this slip as a record of your application.

**Date** \_\_\_\_\_ **Signed** \_\_\_\_\_ **(Headteacher)**

**Additional Information:**

If you wish, give any other reasons for wanting your child to attend this school

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Signature of parent(s) or adult(s) with parental responsibility\*

Date \_\_\_\_\_

\*Further information about the definition of adults with parental responsibility may be obtained from the school

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**FOR SCHOOL USE**

Confirm address overleaf is correct  
(i.e. that requested proof has been seen)

Yes

No

If parents are unable to provide proof of address, please let the Admissions Section know when returning the computer download.

Note to schools: Parents who have not registered with a school but apply directly to the LEA will be expected to provide proof of address to the LEA.

Birth Certificate seen

Yes

No

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**Exceptional Circumstances (criterion 1)**

Statement provided by \_\_\_\_\_

Please return the paperwork to the Admissions Section when returning the computer download.