## APPLICATION FOR ADMISSION TO PRIMARY SCHOOL INCLUDING NURSERY CLASS - FORM PA1

This form is to be completed by the parent or carer of the child starting primary school or nursery class in Southwark. PLEASE NOTE: IF YOUR CHILD IS ADMITTED TO A NURSERY CLASS THEY WILL NOT AUTOMATICALLY BE OFFERED A PLACE IN THE RECEPTION CLASS OF THE SAME PRIMARY SCHOOL.

PLEASE DO NOT COMPLETE THIS FORM IF YOU ARE APPLYING FOR A PLACE IN A RECEPTION CLASS

Primary school		Year group		
name				
Child's first name		Child's last	name	
Date of birth		Boy / girl (Please circle)		
Name of		Last date of		
current/last school		attendance		
(if applicable)		utternuuriee		
Child's home				
address				
Postcode				
Please give phone numbers of the parent/carer who the school can contact if necessary				
Contact telephone		Contact tele		
(1)		(2)	•	
Email:		Email:		
Preferences (please tick): 30hr Code  15hrs (AM)  15hrs (PM)  TOP UP				
Please give details of other children on the school roll who live at the same address as you and state their relationship to you and the child concerned				
Child's na		Date of	Year	Relationship
		birth		-
		11	I	
Does your child have any medical and/or social reasons for making this application?				
YES NO Please tick or circle				
If <b>yes</b> , please discuss this with the headteacher and give brief details below:				
Please ensure that you attach any supporting documents to this form.				
Does your child have any	special educational ne	eds?		
YES NO Please tick or circle				
If <b>yes</b> , please discuss this with the headteacher and give brief details below:				
DECLARATION				
I confirm that all the details on this form are correct.				
Headteacher's signature			Date	
Parent's/carer's name			D-L-	
Parent's/carer's signature Date				
Date of employed and	DI-		VEC	
Date of application		ce offered?	YES	NO
Proof of address seen? Birth certificate seen?			YES YES	NO NO
Birti Certificate Seen!				

Headteacher's statement as to why a place could not be offered to the applicant:

outhwark