

**BISHOP WINNINGTON-INGRAM C of E PRIMARY SCHOOL
APPLICATION FOR NURSERY AND CASUAL ADMISSIONS**

Please complete and return all pages of this form

1 DETAILS OF CHILD (please print in block capitals)

BOY please tick GIRL

SURNAME

FORENAMES

DATE OF BIRTHday.....month.....year

ADDRESS at which **CHILD** lives
.....
.....

POST CODE

TELEPHONE NUMBER

NURSERY/SCHOOL

currently/previoursly

attended

2 DETAILS OF MOTHER/FEMALE GUARDIAN (please print in block capitals)

SURNAME

FORENAMES

ADDRESS

(if different from child's)

.....

POST CODE

TELEPHONE NUMBER

.....

3 DETAILS OF FATHER/MALE GUARDIAN (please print in block capitals)

SURNAME

FORENAMES

ADDRESS

(if different from child's)

.....

POST CODE

TELEPHONE NUMBER

.....

Please read our Admissions Policy, which accompanies this application form before completing the following sections:

- 4 Is your child in Public Care i.e. a looked after child? YES NO

If YES, give details below. (including under which Local Authority)

.....
.....

Your reasons will only be considered if you include documentation from a professional person e.g. a letter from your social worker. The documents must accompany this application form.

- 5 Does your child have documented acute medical or special needs? YES NO

If YES, give details below.

.....
.....

Your reasons will only be considered if you include documentation from a professional person e.g. a letter from your doctor or social worker. The documents must accompany this application form. [Photocopies may be provided if preferred.]

- 6 Are you claiming active membership of the Anglican Church or another Christian denomination?

If YES, please complete this section YES NO

Denomination

Church attended

Name and address

of priest/minister

.....

Post Code

Telephone Number

For how long and how regularly does female parent/guardian attend?

How long? _____ Weekly Fortnightly Monthly or less

For how long and how regularly does male parent/guardian attend?

How long? _____ Weekly Fortnightly Monthly or less

7 Are you claiming active membership of another faith group? YES NO
If YES, please complete this section

Faith Group

Place of Worship

Name and address

of religious referee

.....

Post Code

Telephone Number

For how long and how regularly does female parent/guardian attend?
How long? _____ Weekly Fortnightly Monthly or less often

For how long and how regularly does male parent/guardian attend?
How long? _____ Weekly Fortnightly Monthly or less often

Will you actively support your child in their participation in the religious tradition of this School?
YES NO

8 Are you claiming no religious affiliation yet you are willing to uphold the ethos of this Church School? YES NO

Will you actively support your child in their participation in the religious tradition of this School?
YES NO

9 Will your child have any brother(s) or sister(s) in this school at the proposed time of admission? YES NO

If YES, give name(s) and present class(es)
.....
.....

Please complete the Statement by Parents/Guardians/Carers and sign the Declaration on the following page.

STATEMENT BY PARENTS

Please write a statement explaining:

- a) why you wish your child to attend this school
- b) how you will actively support the aims and ethos of the school mentioned in the Prospectus.

DECLARATION

I/We declare that the information given in this application is complete and correct to the best of my/our knowledge.

I/We also understand that if any of the information is later found to be incorrect, then this may invalidate the application and any offer for a place or the place may be withdrawn.

Signature of parent/guardian Date

Name of parent/guardianplease print

Relationship to Child

*Please return to: The Head Teacher
Bishop Winnington-Ingram C of E Primary School, Southcote Rise, Ruislip, HA4 7LW.*