

NURSERY 2019-2020 COMMON ADMISSION FORM

(For Children Born Between: 1st September 2015 – 31st August 2016)

Sir John Cass's Foundation Primary School & Cass Child and Family Centre



Please return this form to

Sir John Cass's Foundation Primary School, Duke's Place, London EC3A 5DE

Tel. No. 020 7283 1147

Email: admissions@sirjohncassprimary.org

Please note:

Please complete the application and return it back to the School by **January 15th 2019**.

Supplementary Information Form:

If applying for a school place under criteria 2, 3 or 4 of the admissions policy, you should also complete a Supplementary Information Form (available from the school) and must return it to the school.

1. Your Child's Detail (BLOCK CAPITAL)

First name _____

Last name _____

Date of Birth: Day _____ Month _____ Year _____

Gender (Please circle)

Male

Female

Address _____

Postcode _____

Is your child looked after / previously looked after by a Local Authority? e.g. Foster care (PLEASE CIRCLE)

YES / NO

If YES which Authority _____

2. Parent/Carer's Details

Name of parent/carers 1 (BLOCK CAPITALS) _____

Contact	Home	Mobile	Email
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Address (IF DIFFERENT FROM ABOVE) _____

Postcode _____

Relationship to child (PLEASE TICK)

Father

Foster Father

Step Father

Mother

Foster Mother

Step Mother

Carer

Other Family member

Other (PLEASE PROVIDE DETAILS) _____

Do you have parental responsibility for your child?

YES / NO (please specify) _____

Name of parent/carers 2 (BLOCK CAPITALS) _____

Contact	Home	Mobile	Email
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Address (IF DIFFERENT FROM ABOVE) _____

Postcode _____

Relationship to child (PLEASE TICK)

Father

Foster Father

Mother

Foster Mother

Carer

Other Family member

Do you have parental responsibility for your child?

YES / NO (please specify) _____

3. Other Information

What is the name of your child's current or most recent Nursery setting? _____

Sibling Information

Does your child have a sibling currently attending this school? (Please circle) YES / NO

If Yes:

Please state the first name, surname, date of birth and Year Group of any siblings who are currently attending the Sir John Cass's Foundation Primary School

Name of Sibling: _____ Date of Birth: _____ Year/Class: _____

Name of Sibling: _____ Date of Birth: _____ Year/Class: _____

Name of Sibling: _____ Date of Birth: _____ Year/Class: _____

Please give any further details that may support your application: _____

Declaration

I understand that my address details will be checked with the Sir John Cass's Foundation Primary School.

Proof of permanent home address will be required and must include current council tax statements, child benefit letter or any other documentation we consider appropriate. Your application will not be processed unless your details are verified.

Sir John Cass's Foundation Primary School will handle the information you have provided in line with the provisions of the Data Protection Act. Under the Data Protection Act you have the right to make a formal request in writing for access to personal data held about you or your child.

The information you provide on this form will be used by the Sir John Cass's Foundation Primary School for the purposes of processing your nursery admissions application. Sir John Cass's Foundation Primary School has a duty under the Children's Act 2004 to work with partners to deliver and improve services to children and young people in the area, and to comply with the Data Protection Act 1998 in respect of the personal information you provide. Sir John Cass's Foundation Primary School may use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people or where otherwise required by law. Sir John Cass's Foundation Primary School also has a duty to protect the public funds it administers, and to this end it may use the information you have provided for the prevention and detection of fraud.

I understand that any false or deliberately misleading information given on this form and/or supporting information may make this application invalid, or lead to the offer of a place being withdrawn.

If you deliberately provide false information the governors reserve the right to withdraw the place.

Signed: _____ Date ____ / ____ / ____

For more detailed information please contact us on 0207 283 1147 or email admissions@sirjohncassprimary.org

FOR OFFICE USE ONLY

Date Received: _____

Criteria No: _____

Supplementary Form: Yes [] No [] **If yes: Church Name:** _____ **Criteria No:** _____

Distance: (Mile): _____ **Steps:** _____