

**APPLICATION FOR ADMISSION**  
**ARK PRIORY PRIMARY ACADEMY**  
**NURSERY SEPTEMBER 2019**



(pupils born between 1 September 2015 to 31 August 2016)

The information on this form is covered by the Data Protection Acts and will not be passed to any organisation unconnected with the educational needs of your child. You may view the information that we hold. The Council may check other sources of information in order to confirm details given on this form.

Please read the guidance notes before completing this form. All forms must be returned to the school office. Please complete in block capitals and provide any documents requested on the application form.

**Pupil Information**

<b>Forenames</b>	<i>Please underline the name by which the pupil is usually known</i>			<b>Office Use Only</b>
<b>Surname</b>				
<b>Date of Birth</b>	____/____/____	<b>Gender (M/F)</b>		Birth Cert. Seen Yes    No
<b>Child's Current Permanent Address</b>				Evidence Seen
				Yes    No
	<b>Borough</b>			
<b>Postcode</b>		<b>Telephone number</b>		
<b>Session Preferred* (AM/PM)</b>	<i>*This cannot be guaranteed and is only a preference</i>			

- Please note that our nursery runs for 15 hours a week, 3 hours per week day, AM or PM sessions

<b>Please list any brothers or sisters already at the school</b> <small>(This includes step and/or half brothers and sisters resident at the same address – but not cousins)</small>	<b>Name</b>	<b>Date of Birth</b>	<b>Sibling connection</b> Yes    No

<b>Is the child in public care, i.e. 'looked after' by Ealing or any other Local Authority?</b> <small>If 'YES' the application must be made by the person with parental responsibility and/or a social worker</small>		<b>Looked After</b> Yes    No

<b>Are there significant medical, social or special educational needs which you would like taken into account?</b> <small>All applications made under this criterion must be supported by a recommendation in writing from a recognised professional of senior status.</small>		<b>Special Needs</b> Yes    No

## Parent/Guardian's Information

<b>Mother's Name</b>		<b>Father's Name</b>	
<b>Address if different to child's</b>		<b>Address if different to child's</b>	
<b>Daytime Tel</b>		<b>Daytime Tel</b>	

### Before returning the form please tick that you have:

- Answered every question in full
- Signed the declaration
- Included any evidence of special needs, where appropriate
- Included a copy of your child's birth certificate ORIGINALS MUST BE SIGHTED BY OFFICE
- Included evidence of your address (*council tax or utility (gas, water, electricity) bill*) ORIGINALS MUST BE SIGHTED BY OFFICE

All forms must be returned to the below addresses.

Where there are more applications than places available they will be offered in accordance with the oversubscription criteria.

## DECLARATION

*I hereby declare that to the best of my knowledge and belief the details I have given above are correct and I agree to notify the school in writing of any changes that arise. I understand that withholding information and/or giving false information could invalidate any subsequent offer of a place for my child. I give my permission for the Council/School to make any necessary checks to confirm information given that is relevant to the success of my application.*

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

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

Please return this form by 15<sup>th</sup> January 2019 to:

Office Co-ordinator  
Ark Priory Primary Academy  
Acton Lane  
London  
W3 8NR

Or alternatively please scan and email to [info@arkprioryprimary.org](mailto:info@arkprioryprimary.org)

### OFFICE USE ONLY

Criterion Met 1  2  3  4  5  6

Offer Made Yes  No  Signed \_\_\_\_\_ Date \_\_\_\_\_

Date Acceptance Received \_\_\_\_\_