



# Application for admission to a Nursery Class in September 2017

For children born between 1 September 2013 and 31 August 2014

Please read the "Starting Nursery Class in a school in Hounslow" brochure before completing this form and return it by **5 May 2017** to the Headteacher of your preferred school in the London Borough of Hounslow. You will need a separate form for each school.

## 1. Child's details

Child's forename \_\_\_\_\_ Child's surname \_\_\_\_\_

Child's date of birth (confirmation will be required)

Day (figures): \_\_\_\_\_ Month (word): \_\_\_\_\_ Year : \_\_\_\_\_ Boy  Girl  (please tick)

Child's home address (This must be the address where the child normally lives. If this address is different from the parent/carer address, please give reasons for this. If parents share custody, this must be stated and both addresses shown).

\_\_\_\_\_  
Postcode \_\_\_\_\_

Early Years setting Address \_\_\_\_\_

Does your child have a Statement of Special Educational Needs or Education, Health and Care Plan (EHCP) Yes  No  (please tick)

Has a request for a Statutory Assessment of SEN been agreed? Yes  No  (please tick)

Does your child have a disability or special needs which may require special attention Yes  No  (please tick)

Details

## 2. School Preference – Hounslow Schools Only

Please read the 'Starting Nursery class' brochure carefully before completing this form.

1. Write the name of the school you wish to apply for in the box below. You will also be required to submit a supplementary information form (SIF) to any Faith School or Academy, by the closing date.
2. Please give the name and date of birth of any older sibling\* who will still be attending the preferred school in September 2017.
3. Please use the column on the right **only** if you wish to give reasons for your school preference this might include consideration under the staff criteria. If there are **exceptional** medical or social reasons why your child should attend this particular school, you must provide professionally supported evidence from a hospital consultant or social worker with this application form. It is very important that you check the admission criteria of the school for which you are applying, to see if priority for admission can be given on this basis.

\* Sibling means a brother or sister (not cousins), including blood, half - step - adoptive or foster brothers and sisters who live at the same home as the child

| 1. Name of School | 2. First name, surname and date of birth of any sibling* already attending the school | 3. Reasons for Preferences (see note above). Priority under exceptional medical or social grounds will only be considered if supporting documents from a consultant, social worker, or other appropriate professional are attached to your form. |
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