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|  |
| **APPLICATION FOR ADMISSION TO A NURSERY CLASS AT BELLEVILLE WIX ACADEMY** |

PLEASE COMPLETE IN **BLOCK CAPITALS** USING **BLACK INK**

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|  |  |  |  |  |
|  | **1. Details of Child** |  | Surname |  |  | First Name(s) |  |  |
|  |  |  |  |
|  |  | Date of Birth(DD-MM-YYYY) |  |    |    |      |  | Boy [ ]  |   | Girl [ ]  | Please complete |  |
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|  | 2. Details of Parent(s) or Guardian(s) With Whom Child Lives |  |  |
|  |  |  |
|  | (i) Surname |  | Initials |  | Mr/Mrs/Miss/Ms |  |  |
|  |  |  |
|  | (i) Home Tel. No. |  | Work Tel. No |  | Relationship to child |  |  |
|  |  |  |  |  |  |  |  |
|  | (ii) Surname |  | Initials |  | Mr/Mrs/Miss/Ms |  |  |
|  |  |  |
|  | (ii) Home Tel. No. |  | Work Tel. No  |  | Relationship to child |  |  |
|  |  |  |
|  | Address |  |  |
|  |  |  |
|  | Postcode |  | Borough of Residence |       |  |
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|  | 3. Type of place |  | **N1** - Half week – Monday & Tuesday all day & Wednesday morning. [ ] **N2** - Half week– Wednesday afternoon & Thursday & Friday all day. [ ] **N3** - Full Time - Monday to Friday all day. Please check eligibility. [ ] <https://www.childcarechoices.gov.uk/>  |  | **Please** **mark****preference** |  |   |
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|  | **4. Details of Siblings attending Belleville Wix Academy** |  | Surname(s) | First Name(s) | Current Class |  |
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|  | **5. Reasons for application** |  | If you wish to give reasons for your application, please use the space below. |  |
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|  | If your child has an acute medical or personal reason for needing a place at this school, you must tick this box and provide professionally supported evidence with your application |  | [ ]  |  | Medical / Social report attached |  |
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|  | **6. Declaration** |  | 1. I understand there is no automatic right of transfer from the nursery class to the infant reception class at the school. |  |
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|  |  2. I confirm that the above information is correct to the best of my knowledge and I understand that the Council or school reserve the right to reconsider the offer of a place should the information be incorrect. |
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|  | Signature of Parent |  | Date |  |  |
|  |  |  |