



## **SUPPLEMENTARY APPLICATION FOR ADMISSIONS**

### **NURSERY 2017-2018**

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Please read the following notes before completing this form.

- You should ensure you have read the school's Admission Policy, including Criteria for Admission before completing this form.
- If you are applying for a place under criterion 1, Religious Links, you should complete this form AND a Religious Leader's Reference Form.
- If you are applying for a place under criterion 5, Children of Full Time Staff, you should complete this form and ask the Head teacher to sign it.
- Completed Supplementary Information Forms, Religious Leader's Reference Forms and any supporting documents must be returned to the school office by the closing date – 1<sup>st</sup> December 2017.
- Please ensure that the applicant's name is exactly the same on this form as on any other documentation supporting the application.



Office Use Only  
Date application received:  
  
Total points:

**APPLICATION FORM: RECEPTION**

Please use BLOCK CAPITALS

Application date :

Applicant Details:

Applicant's Forename (Given Name):

Surname:

Known Name (if applicable):

Boy / Girl (please circle)

Date of Birth:

Home Address:

Post Code:

Parent's/ Guardian's Names:

Alternative home address (if applicable):

Parent's/ Guardian's Home Telephone Number:

Mobile Numbers for both parents:

Emails for both parents:

Occupation of both parents:

Languages spoken by parents and child:

Any special needs:

Any medical conditions:



**Religious Links:**

If the applicant is a regular (at least fortnightly) worshiper of a world faith community, ask your Religious Leader to ALSO complete and sign the Religious Leader's Reference Form (available on the school website) and return it to the school by the relevant closing date.

Place of worship:
Address:
Telephone:
Please state how long you have been attending at the above place of worship:
I have given the Reference Form to my Religious Leader: (please circle) Yes / No

**School Connections:**

Please state whether the applicant has a sibling/ step-sibling at the school who is living at the same address and who will still be on the school roll at the date when it is proposed that the applicant be admitted.

Sibling/ Step-sibling Full Name:
Currently in Class:

**Children of Full Time Staff:**

<p>I ..... (parent) have been employed as a full time teacher at St Michael's C of E Primary School, Highgate since ..... (full time contract start date). I intend to be in my teaching post at the school on the proposed date of entry for my child.</p>	
Signed:	Full Name:



**Declaration:**

The information supplied on this form is true to the best of my knowledge.

Signed :

Full Name:

Relationship to Applicant:

Dated:

Please return this completed supplementary form to the school office or email the school's admission officer on admin@stmichaelsn6.com Please ensure you receive acknowledgement of your application.

**Office Use Only**

Locality	
Religious Links	
School Connections	
Nursery	
Children of full time staff	
TOTAL POINTS	