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| Churchfields Primary School | **APPLICATION FOR ADMISSION TO A NURSERY CLASS AT CHURCHFIELDS PRIMARY SCHOOL** |

PLEASE TYPE OR COMPLETE IN BLOCK CAPITALS USING BLACK INK

**NOTE:** You also need to complete a Bromley Council Parental Contract form with this application form

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|  | **1. Details of Child** | |  | | Surname | |  | | | | |  | | First Name(s) | |  | | | |  | |
|  |  | |  | | | | | | | | | | | | | | |  | |
|  |  | | Date of Birth  (DD-MM-YYYY) | | |  |  |  |  | |  | | Boy | |  | Girl |  |  | |
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|  | 2. Details of parent(s) or carer(s) with whom the child lives | | | | | | | | | | | | |  | |  | |
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|  | (i) Surname | | |  | | | | Initials | | |  | Mr/Mrs/Miss/Ms | | |  |  | |
|  |  | | | | | | | | | | | | | | |  | |
|  | (i) Tel. No. | |  | | | | Email address | | |  | | Relationship to child | | |  |  | |
|  |  | | |  | | | |  | | |  |  | | |  |  | |
|  | (ii) Surname | | |  | | | | Initials | | |  | Mr/Mrs/Miss/Ms | | |  |  | |
|  |  | | | | | | | | | | | | | | |  | |
|  | (ii) Tel. No. | |  | | | | Email address | | |  | | 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 your**  **preference** |  |  | | |
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|  | **4. Details of siblings attending Churchfields Primary School** | | |  | 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 Reception class at the school. | | | |  |
|  | |  | | | | | | |  |
|  | | 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. | | | | |
|  | | | | | | |
|  | | Signature of Parent/Carer | | | |  | Date |  |  |
|  | |  | | | | | | |  |

**Deadline for applications to be received by the school is: 5pm on Friday 2nd February 2024**