Community School Nursery Application Form for



September 2020

This form can be used to apply for a nursery place at any one of the following community schools (you will need to complete a separate form for each school you wish to apply for):

- Alexandra School
- Burlington Infant and Nursery School
- Castle Hill Primary School
- Ellingham Primary School
- Fern Hill Primary School
- Grand Avenue Primary and Nursery School
- Green Lane Primary and Nursery School
- King Athelstan Primary School
- King's Oak Primary School
- Knollmead Primary School
- Lovelace Primary School
- Malden Manor Primary and Nursery School
- Maple Infant School
- Robin Hood Primary School
- Surbiton Children's Centre Nursery
- Tolworth Infant and Nursery School

All the other schools ie: the voluntary aided, foundation and academy schools, follow their own admissions policy when offering their nursery places. If you wish to apply for a nursery place at one of these schools, please contact the school office for details and an application form.

Please read the 'Starting in a nursery class at a maintained school' section in **the 'Nursery Education in Kingston upon Thames' 2020** booklet before completing the back of this form. This booklet can be viewed on our website www.kingston.gov.uk. Alternatively, copies of this booklet are available in schools with nurseries.

When completed, this form should be returned to the Headteacher of the school to which you are applying by 8th March 2020.

Child's Last Name	First Name(s)
Date of Birth	Boy ☐ Girl ☐ (please tick ✓ do not leave bla
te of Birth	
	Post Code
	•
Home Tel No	Daytime Tel No
Mobile Tel No	Email (BLOCK CAPITAL)
Parent(s) Title Dr/Mr/Mrs/Ms/Miss_	Parent(s) Initials
Parent(s) Last Name	
 If YES, please tick the box (✓) Is an older brother/sister attement who is living at the same addr 	and provide supporting documentary evidence. Inding this Nursery or the attached Infant/Junior/Primary school The ess and will still be there when this child is due to attend? If YES,
Sibling Name	Sibling Date of Birth
one for your child? If so, please g wish the Headteacher to conside professional person e.g. a GP, H	ive details below (and continue on a separate sheet if necessary). If you this, please provide documentary evidence. This should be from a
Please indicate here if you would	prefer a morning session, an afternoon session or have no preference.
Please circle one only: AM (3.30-11.30) PM (12.30–15.30) NO preference
The 15 Hours Alexandra schoo	· · · · · · · · · · · · · · · · · · ·
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Signed	Date
Father, Mother or Person with Parental respon	sibility