

CHARLES DICKENS PRIMARY SCHOOL
Toulmin Street
London SE1 1AF

Admission Application Form for Nursery

Please note that applications will not be placed on our application list until proof of address and a birth certificate have been seen by the office staff.

CHILD'S FAMILY NAME _____

CHILD'S FIRST NAME _____

DATE OF BIRTH _____ (DD/MM/YY) MALE / FEMALE

HOME ADDRESS _____

POSTCODE _____ BOROUGH _____

TELEPHONE NO: (Mobile) _____ (Home) _____

PARENT / GUARDIAN NAME :- _____

RELATIONSHIP _____ MOTHER (M) / FATHER (F) / GUARDIAN (G)

OTHER SIBLINGS CURRENTLY ATTENDING CHARLES DICKENS YES / NO

PART TIME SESSION PREFERRED Please circle session

Monday, Tuesday (9am to 3.20pm) and Wednesday (9am to 12pm)

Wednesday (12.30pm to 3.20pm), Thursday and Friday (9am to 3.20pm)

If I do not get my preferred session, I would be willing to accept a different time session

OPTIONAL FULL TIME REQUEST

I WISH TO BE CONSIDERED FOR A FULL TIME PLACE AND AGREE TO CONTRIBUTE A WEEKLY PAYMENT OF £80. I UNDERSTAND THAT THIS NEEDS TO BE PAID HALF A TERM IN ADVANCE.

Any other comments including information about your child's educational, medical or social needs where professional advice indicates that placement would be beneficial; this includes children with a statement of education needs which names Charles Dickens

OFFICE USE ONLY

BIRTH CERTIFICATE SEEN YES / NO

PROOF OF ADDRESS SEEN YES / NO

Documents seen by (print name) _____

Date application received _____

Borough confirmed as _____

Distance calculated _____