



Bishop John Robinson
Church of England
Primary School



Thamesmead Cluster Nursery Application Form & Information



Applying for a Nursery Place

Our school is part of a cluster group of Primary schools in Thamesmead that are working alongside each other to co-ordinate Nursery admissions.

To apply for a place in any of the Nurseries on the application form you will need to complete the attached form in full and return to one of the school offices.

You will only need to complete one application form for all the Nurseries on the form.

Please find below information that will help you with the process:

When do I apply for a place at Nursery?

You can apply from your child's 2nd birthday.

When is my child eligible for a Nursery place?

Children start in our Nurseries in the September after their 3rd birthday.

How will I be notified if my child is allocated a Nursery place?

Offer letters will be posted in April.

Places will be offered in line with each school's oversubscription criteria. If you are not offered a place at the school that you have indicated as your first choice the form will be given to the next school according to your preference order.

Evidence

If your child is offered a place at a Nursery you will need to provide your child's Birth Certificate and also a recent (dated within 3 months) utility bill i.e. Council Tax bill, bank statement, phone bill etc.... These documents must be originals.

When do I apply for a Reception school place?

A place in Nursery does not guarantee a place at the primary school.

Applications are made directly to Greenwich Council by the January before your child is due to start in September in Reception. The dates for applying are on the Greenwich Council website: www.royalgreenwich.gov.uk .

It is the parent's responsibility to apply for a Reception place as places are not automatically allocated to children who attend the Nursery or to children with siblings in the main school.

Thamesmead Cluster Schools

NURSERY APPLICATION FORM

Surname _____ Forenames _____

Name child is called at school _____

Date of Birth (Day/Month/Year) ____/____/____ Gender Male Female

Place of Birth _____ Arrival date in UK (if applicable) ____/____/____

I am applying for a 15 hour place a 30 hour place

30 hour places are provided at Bishop John Robinson and Discovery subject to availability and meeting the eligibility criteria.

15 hour morning places are provided at all of the schools.

15 hour afternoon places are provided at Discovery, Heronsgate and Windrush.

Please indicate below (in preference order) which Nurseries you would like your child to attend:

Bishop John Robinson	1 st	2 nd	3 rd	4 th	5 th	6 th
Discovery	1 st	2 nd	3 rd	4 th	5 th	6 th
Heronsgate Thamesmead Campus/Woolwich Campus <i>(please select preferred campus)</i>	1 st	2 nd	3 rd	4 th	5 th	6 th
Linton Mead	1 st	2 nd	3 rd	4 th	5 th	6 th
St Margaret Clitherow	1 st	2 nd	3 rd	4 th	5 th	6 th
Windrush	1 st	2 nd	3 rd	4 th	5 th	6 th

Are you applying for a Church place at Bishop John Robinson or St Margaret Clitherow?

Yes No

If Yes please give your place of worship _____

and complete a supplementary form which should be returned with this application.

Emergency Contact Information

<u>Mother / Guardian</u> (delete as appropriate)	<u>Father / Guardian</u> (delete as appropriate)
Name	Name
Country of Birth	Country of Birth
Home Address	Home Address
Mobile Phone	Mobile Phone
Home Phone	Home Phone
Email address	Email address
National Insurance No	National Insurance No

Does the child live with both parents as part of a family unit? _____

If no, who is the main carer? _____

<u>Emergency Contact 3</u>	<u>Emergency Contact 4</u>
Name	Name
Relationship to child	Relationship to child
Home Address	Home Address
Mobile Phone	Mobile Phone
Home Phone	Home Phone
<u>Emergency Contact 4</u>	<u>Emergency Contact 5</u>
Name	Name
Relationship to child	Relationship to child
Home Address	Home Address
Mobile Phone	Mobile Phone
Home Phone	Home Phone

Education

Has your child attended any other Nursery / playgroup? Yes No

If yes, please provide details _____

Does your child have any brothers or sisters at a Primary School? Yes No

If yes, please provide details _____

Does your child have an Education, Health and Care Plan (EHCP)? Yes No

If yes, please provide details _____

Is your child supported by any outside agencies? Yes No

If yes, please provide details _____

Language and Origin

Ethnicity _____ Religion _____

Nationality _____

First Language _____

(This is the language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home.)

Home Languages _____

(Languages most spoken at home.)

How long has your child been learning English? _____

Do you feel your child needs further support with their English? _____

Is an interpreter needed to communicate with the family? _____

If yes, who might this be? _____

Any other concerns with your child's language development? _____

Medical and Dietary

Does your child have any medical conditions? Yes No

If yes, please provide further information _____

Doctor's Surgery (Address & telephone): _____

Are there any foods your child should not eat or is allergic to? Please list below:

Parent / Guardian Signature

By signing this form I confirm that all the above information is true and correct to the best of my knowledge. I understand that the offer of a place will be withdrawn if any information is found to be incorrect.

Signed _____ Parent / Guardian

Print Name _____ Date ____/____/____

Office Use ONLY

Original BC seen		FSM Form	
Passport seen		Photo Consent Form	
Proof of Address x 2		Home school agreements x 2	
Evidence seen by			

Class Allocated:

State Date: