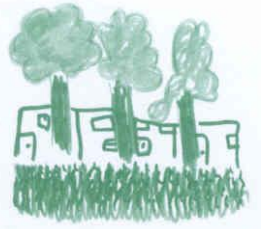


APPLICATION FOR ADMISSION TO THE NURSERY CLASS AT THE ALTON SCHOOL



PLEASE COMPLETE IN **BLOCK CAPITALS** USING **BLACK INK**

1. Details of Child	Surname	First Name(s)		
	Date of Birth	/ /	Boy <input type="checkbox"/>	Girl <input type="checkbox"/> Please tick

2. Details of Parent(s) or Guardian(s) With Whom Child Lives					
(i) Surname		Initials		Mr/Mrs/Miss/Ms	
(i) Home Tel. No.		Work Tel. No.		Relationship to child	
(ii) Surname		Initials		Mr/Mrs/Miss/Ms	
(ii) Home Tel. No.		Work Tel. No.		Relationship to child	
Address					
	Postcode		Borough of Residence		

4. Details of brother's and Sister's attending this school	Surname(s)	First Name(s)	Date of Birth

5. Reasons for application	If you wish to give reasons for your application, please use the space below.
<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px;"></div>	
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	<input type="checkbox"/> Medical / Social report attached

6. Declaration	<p>1. I understand there is no automatic right of transfer from the nursery class to the infant reception class at the school.</p> <p>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.</p>		
Signature of Parent		Date	/ /