



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 2<sup>nd</sup> birthday.

### **When is my child eligible for a Nursery place?**

Children start in our Nurseries in the September after their 3<sup>rd</sup> 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](http://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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Discovery	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Heronsgate	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Thamesmead Campus/Woolwich Campus (please select preferred campus)						
Linton Mead	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
St Margaret Clitherow	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Windrush	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>

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: