

5. Parent's/carer's details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
Relationship to child	Mother <input checked="" type="checkbox"/>	Father <input checked="" type="checkbox"/>	Step parent <input checked="" type="checkbox"/>
	Foster parent <input checked="" type="checkbox"/>	Social worker <input checked="" type="checkbox"/>	Other family member <input checked="" type="checkbox"/>
	Other contact <input checked="" type="checkbox"/>	Other relative <input checked="" type="checkbox"/>	
Address (if different from child's address given in section 1)			
First line of parent's/carer's address	<input type="text"/>		
Second line of parent's/carer's address	<input type="text"/>		
Town/city	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Home tel no.	<input type="text"/>		
Daytime tel no.	<input type="text"/>		
Email address	<input type="text"/>		

6. Declaration and signature of parent/carer

- I wish to apply for a place at each of the schools named in section 2, and I have listed these schools in my order of preference.
- I certify that I am the person with parental responsibility for the child named on this form and that the information given is true to the best of my knowledge and belief.
- I understand that any false or deliberately misleading information given on this form or in supporting information may make this application invalid, or lead to the offer of a place being withdrawn.

Signature of parent/carer

<input type="text"/>	Day	Month	Year

We will use information you give for registered purposes under the Data Protection Act 1998

CHECKLIST Before returning this form, please make sure that you have:

- read the accompanying notes and our booklet 'Starting primary school in Southwark'
- checked that your child's address is correct
- completed all relevant sections of this form
- enclosed any supporting evidence (eg a letter from the family doctor/consultant in support of any medical claim)
- completed any extra forms that the school may require. Please check the admission arrangements for each school for which you are applying to see if it requires an extra form
- included a stamped-addressed envelope (but only if you want the admissions team to confirm that we have received your form).

Return the fully completed form by January 13 2006 to:

Admissions
Southwark Education
John Smith House
144-152 Walworth Road
London SE17 1JL



DATE RECEIVED

London Borough of Southwark



Application for a reception place at primary school in 2006/07

Please complete this form if you wish to apply for a Southwark primary school. You must return your completed form to the address shown at the end by **January 13 2006**. To apply for schools in other boroughs, please use their common application form and use their return address.

1. Child's details

Please use black ink and BLOCK CAPITALS. DO NOT FOLD or STAPLE this form.

Child's surname/last name	<input type="text"/>											
First name	<input type="text"/>											
Middle name(s)	<input type="text"/>											
	Boy	Girl		Day	Month	Year	Day	Month	Year			
Please cross	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Child's exact date of birth eg	0	4	0	5	9	4			

Child's home address. This must be the address where the child normally lives. If this is different from the parent/carer's address in section 5, please explain why on another sheet of paper and attach it. Similarly if parents share custody, please state this and give both addresses on another attached sheet.

First line of child's home address	<input type="text"/>											
Second line of child's home address	<input type="text"/>											
Town/city	<input type="text"/>											
County	<input type="text"/>											
Postcode	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		

If your child is currently attending nursery provision or a nursery school, please enter the details.

Nursery provision/nursery school name	<input type="text"/>											
Address	<input type="text"/>											
Town/city	<input type="text"/>											
County	<input type="text"/>											
Postcode	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		

