PAXTON ACADEMY
SPORTS AND SCIENCE
INDIVIDUALLY EXCELLENT, COLLECTIVELY BRILLIANT

Application for admission to Paxton Academy Nursery School

Parents/carers should fill out all parts of this form marked with (*). Please write clearly, in pen.
If you have any questions about filling out this form please contact the school office on **020 8683 2308**.

CHILD DETAILS*

Male ☐ Female ☐

Please give full names as they appear on the child's birth certificate/passport

Surname	Date of birth

First names

DETAILS OF ALL ADULTS WHO HAVE PARENTAL RESPONSIBILITY FOR THIS CHILD*

Mr ☐ Mrs ☐ Miss ☐ Ms ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐
Surname	Surname
First name	First name
Your email address	Your email address
Home telephone number	Home telephone number
Mobile telephone number	Mobile telephone number
Relationship to child	Relationship to child

Main address where the child lives

Name of the borough in which the child lives

SIBLINGS CURRENTLY ATTENDING PAXTON NURSERY OR PRIMARY SCHOOL

Sibling 1: Male ☐ Female ☐ Date of birth

Surname

First names

Sibling 2: Male ☐ Female ☐ Date of birth

Surname

First names

PREFERRED ALLOCATION

Please indicate which allocation you would prefer. Please note that we cannot guarantee your preference will be met at this stage

AM ☐ PM ☐ Full time ☐

The allocation of a full time place may be subject to half-termly fees. Please speak to a member of the School Office for further details

PLEASE TELL US WHY YOU ARE APPLYING TO PAXTON NURSERY SCHOOL*

OTHER INFORMATION*

Does your child have specific medical and/or special educational reasons that form part of their application? Yes ☐ No ☐

If you ticked yes you will need to provide professional reports to support your application – please tick this box to let us know you have included these reports Yes ☐ No ☐

Please indicate if your child is looked after or has a special guardianship order Yes ☐ No ☐

Please indicate if your child has/had social services involvement Yes ☐ No ☐

YOUR CHILD'S CURRENT NURSERY OR PRE-SCHOOL

If your child has attended a school, nursery or pre-school, please give the name and address of the last school attended

DECLARATION*

I understand there is no automatic right to transfer from the nursery class to the infant reception class at the school.

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 this information be incorrect.

Signature of parent

Date

Return this completed form to

Paxton Primary Academy - Sports and Science, 843 London Road, Thornton Heath, Croydon CR7 6AW

Tel: 020 8683 2308 **Email:** admin@paxtonacademy.org.uk **W:** www.paxtonacademy.org.uk

WARNING: The Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within its Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.