

BISHOP WINNINGTON-INGRAM C OF E PRIMARY SCHOOL APPLICATION FORM FOR NURSERY ADMISSIONS

Please complete and return both pages of this form

1. DETAILS OF CHILD (PLEASE PRINT IN BLC	OCK CAPITALS) DY D please ti	ck G	IRL □		
_	FORENAMES				
	daymonth				
ADDRESS at which CHILD lives	nonin	yeui			
ADDRESS OF Which CHILD lives					
TELEPHONE NUMBER					
EMAIL					
NUR 0550V/04U/00U					
NURSERY/SCHOOL					
currently/previously attended					
2. DETAILS OF MOTHER/FEMALE GUARD	IAN (PLEASE PRINT IN BLOCK	(CAPITALS)			
SURNAME	•	•			
ADDRESS					
(if different from child's)		POST	CODE		
TELEPHONE NUMBER (s)					
	11/				
3. DETAILS OF FATHER/MALE GUARDIA	N (PLEASE PRINT IN BLOCK CAP	PITALS)			
SURNAME	FORFNAMF				
ADDRESS		••••••			
		POST	CODE		
<u> </u>					
Please read our Admission	•		torm before		
CC	empleting the following sect	Tions:			
4. Is your child in Public Care i.e. a looked	l after child?	YES □	NO 🗆		
If YES, give details below. (including und	er which Local Authority)				
Your reasons will only be considered if you	include documentation from	m a professional p	nerson e a a letter		
from your social worker. The documents n		,	erson e.g. a terrer		
·					
5. Does your child have documented acute	•	YES □	NO 🗆		
If YES, give details below					
Your reasons will only be considered if you	ı include documentation from	m a professional n	person e.a. a letter		
Your reasons will only be considered if you include documentation from a professional person e.g. a letter from your doctor or social worker. The documents must accompany this application form. [Photocopies may be					
provided if preferred.]	,	,,	, , ,		
6 Ana you alaiming active membership of	ha Analiaan Chunah an ana	than Christian de	nomination?		
Are you claiming active membership of the section	he Anglican Church or ano	YES □	NO 🗆		
Denomination		/C3 L	110 🗆		
Full Name of Church attended		••••••			
Name of Minister					
Full address of Church attended					
		Post Code	,		
Telephone Number					
For how long and how regularly does fema	le parent/quardian attend?				
How long?		Fortnightly \square	Monthly or less \square		
•	·	3 /	,		
For how long and how regularly does male How long?		Fortniahtlv □	Monthly or less □		
		• • • • • • • • • • • • • • • • • • • •			

7. Are you claiming active membership of If YES, please complete this section	f another faith group?	YES □	NO □
Faith Group Place of Worship			
Full Name and address of religious referee		D -1 G -1	
Telephone Number For how long and how regularly does fen	male narent/auardian atteni		•••••
How long?			Monthly or less \Box
For how long and how regularly does man How long?	,	o □ Fortnightly □	Monthly or less □
Will you actively support your child in th	heir participation in the rel	igious tradition of t	his School? NO □
8. Are you claiming no religious affiliation	n yet you are willing to up	ohold the ethos of YES \square	this Church School? NO □
Will you actively support your child in th	heir participation in the rel	igious tradition of t	his School? NO □
9. Will your child have any brother(s) or	sister(s) in this schoolat	the proposed time YES □	of admission? NO □
If YES, please give name(s) and present	t class(es)		
Please write a statement explaining: a) why you wish your child to atten b) how you will actively support the		ool mentioned in the	e Prospectus.
I/We declare the information given in this I/We also understand that if any of the application and any offer for a place or the	• •		,
• • • • • • • • • • • • • • • • • • • •		д то ре incorrect, ^з	this may invalidate the
	e place may be withdrawn.	Date	
Please return to: The Headteacher, Bishop	e place may be withdrawn.	Date Relationship to Child	I
	e place may be withdrawnR Winnington-Ingram CE Priman	Date Relationship to Child	Rise, Ruislip, HA4 7LW