



**BISHOP WINNINGTON-INGRAM C OF E PRIMARY SCHOOL
APPLICATION FORM FOR SCHOOL OR NURSERY PLACE**

Please complete and return both pages of this form

PLEASE SPECIFY THE SCHOOL YEAR YOU REQUIRE:

Nursery / Reception / Year 1 / Year 2 / Year 3 / Year 4 / Year 5 / Year 6

1. DETAILS OF CHILD (PLEASE PRINT CLEARLY IN BLOCK CAPITALS)

BOY please tick GIRL

SURNAME

FIRST NAME MIDDLE NAME

DATE OF BIRTHdaymonthyear

ADDRESS at which CHILD lives
.....POST CODE.....

PARENT/CARER TELEPHONE NUMBER

EMAIL

NURSERY/SCHOOL
currently/previously attended

2. DETAILS OF MOTHER/FEMALE GUARDIAN (please print in block capitals)

SURNAME FORENAME

ADDRESS
(if different from child's)POST CODE.....

TELEPHONE NUMBER

EMAIL ADDRESS

3. DETAILS OF FATHER/MALE GUARDIAN (please print in block capitals)

SURNAME FORENAME

ADDRESS
(if different from child's)POST CODE.....

TELEPHONE NUMBER

EMAIL ADDRESS

Please read our Admissions Policy, which accompanies this application form before completing the following sections:

4. Is your child in Public Care i.e. a looked after child? YES NO

If YES, give details below. (including under which Local Authority)

Your reasons will only be considered if you include documentation from a professional person e.g. a letter from your social worker. The documents must accompany this application form.

5. Does your child have documented acute medical or special needs? YES NO

If YES, give details below.

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. Are you claiming active membership of the Anglican Church or another Christian denomination?

If YES, please complete this section

YES

NO

Denomination
 Full Name of Church attended
 Name of Minister
 Full address of Church attended
 Post Code.....
 Telephone Number

For how long and how regularly does female parent/guardian attend?

How long? _____ Weekly Fortnightly Monthly or less

For how long and how regularly does male parent/guardian attend?

How long? _____ Weekly Fortnightly Monthly or less

7. Are you claiming active membership of another faith group?

YES

NO

If YES, please complete this section

Faith Group
 Place of Worship
 Full Name and address
 of religious referee
 Post Code.....
 Telephone Number

For how long and how regularly does female parent/guardian attend?

How long? _____ Weekly Fortnightly Monthly or less

Please complete a Statement by Parents/Guardians/Carers and sign the Declaration below.

Please write a statement explaining:

- a) why you wish your child to attend this school
 - b) how you will actively support the aims and ethos of the school mentioned in the Prospectus.
- Please use an additional sheet if necessary.*

DECLARATION

I/We declare the information given in this application is complete and correct to the best of my/our knowledge. I/We also understand that if any of the information is later found to be incorrect, this may invalidate the application and any offer for a place or the place may be withdrawn.

Signature of parent/guardian Date

Print Name of parent/guardian Relationship to Child

Please return to: Admissions, Bishop Winnington-Ingram CE Primary School, Southcote Rise, Ruislip, HA4 7LW

How did you find out about our school? *BWI Website /*Borough website /*BWI Leaflet /*Friend /*Other

If 'other' please give details

**Please delete as necessary*