ADMISSION TO COPPETTS WOOD NURSERY

*Please complete all sections on page 1 in BLOCK CAPITALS

Child's Surname:	**First Name(s):**
Child's Address:	**Date of Birth:**
	Sex: MALE / FEMALE
	Telephone Number:
	Postcode:

Name(s) of parent(s) or adult(s) with parental responsibility as defined in the Children's Act 1989

Parent / Adult 1

Name:	**Relationship to child:**
Address (if different to child's):	
Contact No:	**Email:**

Parent / Adult 2

Name:	**Relationship to child:**
Address (if different to child's):	
Contact No:	**Email:**

Does your child have brothers or sisters attending this school? YES ☐ **NO** ☐

If **YES**, please give details:

Name:	**Age**	**Name:**	**Age**

Have you applied for a nursery place at any other school? **YES** ☐ **NO** ☐

If **YES**, please give name of Schools……

Please tick whether you prefer a MORNING (8.30am – 11.30am) or AFTERNOON (12.30pm – 3.30pm) place, or if you do not mind either: **MORNING** ☐ **AFTERNOON** ☐ **EITHER** ☐

Will you require a Reception place for your child at this school? **YES** ☐ **NO** ☐

If **NO**, please give reasons……

Does your child have a disability? **YES** ☐ **NO** ☐ (Please see notes overleaf for explanation of disability)

If **YES** Please give details……

If you wish, please give any other reasons for wanting your child to attend this school

Please remember to include the following with your application:

CHILD'S BIRTH CERTIFICATE ☐ **PROOF OF ADDRESS X2** ☐

SIGNED…….. **PRINT NAME:** ……**DATE**……

Please return to Coppetts Wood Children's Centre, Coppetts Road, London, N10 1JS

Notes on Disability

A person is disabled if he or she has 'a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'

According to the Disability Discrimination Act, impairment is to be treated as affecting the person's ability to carry out normal day to day activities, only if it affects one or more of the following:

- Manual dexterity
- Mobility
- Physical co-ordination
- Continence
- Ability to lift, carry or otherwise move everyday objects
- Speech, hearing or eyesight
- Memory or ability to concentrate, learn or understand
- Perception of the risk of physical danger

This includes people with HIV, diabetes, epilepsy, multiple sclerosis, and cancer from point of diagnosis. Children who are on the SEN profile or have long term medical needs may come under the definition of disability.

For School Use

Date seen school:

Birth Certificate seen: **YES** **NO**

Date:

Signature:

Notes: