



SCHOOL APPLICATION FORM

Please fill out and sign all parts of this form

CHILD'S DETAILS

Surname		First name as on passport	
Date of Birth		Name as known	
Important: Please enclose a copy of your Child's Birth Certificate as ID (for internal use only)			
Current Information			
Address			
		Post Code	
Home telephone number			

CHILD'S FATHER'S DETAILS

Surname		First name as on passport	
Date of Birth		National Insurance Number	
Nationality		Passport Number	Expiry date
Mobile number	Text	Y/ N	Email address
Current information			
Address			
Postcode		Home number	
Marital status		Are you the child's biological father?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have parental responsibility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILD'S MOTHER'S DETAILS

Surname		Maiden name		First name as on passport	
Date of Birth		National Insurance Number			
Nationality		Passport Number		Expiry date	
Mobile number			Email address		
Current information					
Address					
Postcode		Home number			
Marital status		Are you the child's biological mother?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have parental responsibility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

EMERGENCY CONTACT 1 -Not a parent (I confirm that this person has agreed to be listed and can be contacted in case of emergency)

Name					
Relationship to child					
Address					
Home number		Mobile number			

EMERGENCY CONTACT 2 - Not a parent (I confirm that this person has agreed to be listed and can be contacted in case of emergency)

Name					
Relationship to child					
Address					
Home number		Mobile number			

MEDICAL INFORMATION

Name and Address of Doctor Surgery

I give permission for SBS to contact my child's GP for further advice. We will only contact the GP where your child has a defined medical/special need and the information is required to ensure the safety of your child and that their needs are met. You will be copied into all correspondence.

Signed:

SIBLINGS

Does your child have any siblings under the age of 8? Yes No

If yes, please provide his/her names and names and current setting:

Childs full name: DOB

Name of school/setting child attends

Address of school

Childs full name: DOB

Name of school/setting child attends

Address of school

SPECIAL NEEDS

Does your child have any medical condition requiring specific care? Yes No

Does your child have an EHCP? Yes No

Have you applied for Statutory Assessment Yes No

Does your child have any disabilities or learning difficulties? Yes No

If yes, please give the fullest explanation you can so that we can meet your child's needs most effectively.

A SEN placement at Side by Side will **not** be able to be offered if this section is not completed at the time of application or at the earliest time possible following a diagnosis even if your application has been sent to Side by Side

SCHOOL ATTENDENCE

Proposed start date(mm/yy):

Are there any siblings currently in the school?

Yes No

If yes, please give names and classes

Are both parents working 16 hours or more?

Yes No

Are you in receipt of Tax credit?

Yes No

Are you in receipt of Universal Credit?

Yes No

Are you in receipt of working Families Tax Credit?

Yes No

Does your child benefit from DLA (Disability Living allowance)?

Yes No

Do any parents carry a UK driving license?

Yes No

Has your child previously attended a different school or childcare setting?

Yes No

If yes please state name of setting/ school

Address

Consent under the Data Protection Act (GDPR 25th May 2018) and Terms and Condition Side by Side, Hackney Learning Trust and London Borough of Hackney collect information. This may be for all types of data collection which includes information on the Early Years Pupil Premium Eligibility. Your information may be disclosed to other government agencies responsible for providing services under legislation relating to children. All data collected will be stored in accordance with the new legislation and The I.C.O. (Information Commissioner's Office). By signing the form you understand and consent to the purpose. Should you wish to opt out, please contact The GDP Lead at the school direct in accordance to our Data Protection & Confidentiality Policy.

SCHOOL FEES AGREEMENT

Fees are charged 52 weeks per year.

Full Day	£195.00 per week
Full Day (With 15 hours funding)	£145.00 per week
Half Day	£120.00 per week
Half Day (With 15 hours funding)	£75.00 per week

**PLEASE NOTE INCOMPLETE APPLICATIONS WILL BE RETURNED AND
PROCESSING OF YOUR APPLICATION WILL BE DELAYED**

Please see the checklist below:

- I have filled and signed all parts of this registration form
- I have enclosed a copy of my child's birth certificate
- I have enclosed a picture of both sides of parent UK driver's license
- I have enclosed a copy of my DLA eligibility (copy of your DWP letter)
- I understand that completion of this application form does not guarantee a place in the School until I have received written confirmation
- I confirm that to the best of my knowledge, the information in this application is accurate and that failure to disclose relevant information concerning my child may put the placement at risk.
- I agree to inform the nursery of any changes to my/child's circumstances as this may affect their placement at Side by Side.
- I have read and understood the Side by Side safeguarding statement.

Please note that fees need to be agreed prior to confirming a placement

Signature of father

Date

Signature of mother

Date

Pre-Admission

For Office Use:

- All requested documents received
- Relevant sections of the form completed
- SENCO made initial contact with parents N/A
- From initial information is a risk assessment required Yes No
-

Admission Process

- Start date letter sent
- Head Office fees ok'ed