



Tower Bridge Primary School
 Fair Street London SE1 2AE
 020 7407 2959
office@towerbridge.southwark.sch.uk

Robert Browning Primary School
 King and Queen Street, London, SE17 1DQ
 020 7708 3456
office@robertbrowning.southwark.sch.uk

Snowsfields Primary School
 Kirby Grove, Bermondsey, SE1 3TD
 020 7525 9065
general@snowsfields.southwark.sch.uk

APPLICATION FOR ADMISSION FOR NURSERY

1. Details of Child	First Name(s)	Surname		
	Date of Birth	/ /	Boy <input type="checkbox"/>	Girl <input type="checkbox"/> Please tick

2. Details of Parent(s) or Guardian(s) With Whom Child Lives				
(i) Surname		Forename		Mr/Mrs/Miss/Ms
(i) Mobile No.		Email:		Relationship to child
(ii) Surname		Forename		Mr/Mrs/Miss/Ms
(ii) Mobile No.		Email:		Relationship to child
Address				
	Postcode		Borough of Residence	

3. Details of Siblings attending this school	Surname(s)	First Name(s)	Date of Birth

4. Preferred School (Please tick)	Snowsfields Nursery	Tower Bridge Nursery	Robert Browning Nursery

4. Declaration	<p>1. I understand there is no automatic right of transfer from the nursery to the reception class at the school.</p> <p>2. 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 the information be incorrect.</p> <p>3. I give permission for the above personal information about my child to be shared with relevant staff and other persons working as part of the school team.</p> <p>4. I understand that the school will hold this information on file until my child is no longer nursery age or I choose not accept a place at this school, then the information I have supplied will be securely disposed of.</p>		
Signature of Parent		Date	/ /