

Application Form for Nursery Class Oasis Academy Shirley Park



Student Details

Surname: _____ First name: _____ Middle Name(s): _____

Date of Birth: _____ Gender: _____ -

Child's Home address: (This is the address where the child normally lives. If this address is different from the parent/carer address, please give reasons for this. If parents share custody, this must be stated and both addresses shown in the contacts boxes below)

_____ Post Code: _____

Contact 1 (Parent / Carer)

Forename: _____ Surname: _____ Title: _____

Relationship to Child: _____

Address: _____

_____ Post Code: _____

Home Tel No: _____ Mobile No: _____

E-Mail address: _____

Contact 2 (Parent / Carer)

Forename: _____ Surname: _____ Title: _____

Relationship to Child: _____

Address: _____

_____ Post Code: _____

Home Tel No: _____ Mobile No: _____

E-Mail address: _____

Other Nursery / Pre-School /OPG attended: _____

Address: _____

Sibling(s) at OASP (Primary or Secondary) (if applicable): _____

Staff Member at OASP (Primary or Secondary) (if applicable): _____

Please complete if your child is in the care of the Local Authority	
Care Authority:	Commencement date:
Name of Social Worker:	Contact number:

PLEASE CONTINUE OVERLEAF

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Does your child have an Education, Health and Care Plan (EHCP)? **Yes** **No** (please tick)

Does your child have a disability or special needs which may require special attention? **Yes** **No** (please tick)

If YES, please give more details _____

Do both parents have parental rights and responsibilities? **Yes** **No** (please tick)

If no, who has parental rights / responsibilities? _____

Declaration and signature of parent / carer

I certify that I am the Parent / Carer with legal responsibility for the child named overleaf and wish to apply for a place at Oasis Academy Shirley Park Nursery Class.

I understand that any false or deliberately misleading information given on this form and/or supporting information may render this application invalid, or lead to the offer of a place being withdrawn.

Signed: _____ Date: _____

PRINT Name: _____ Relationship to child: _____

Should you wish to read our full Admission and other policies please contact the Academy or access our website at www.oasisacademyshirleypark.org

**Please return this form to:
Admissions, Oasis Academy Shirley Park, Long Lane Campus, Long Lane, Croydon CR0 7AR**

PLEASE ATTACH TO THIS APPLICATION FORM A COPY OF YOUR COUNCIL TAX OR UTILITY BILL FOR THE CURRENT YEAR AS PROOF OF YOUR ADDRESS AND A COPY OF YOUR CHILD'S BIRTH CERTIFICATE

The Academy, is part of Oasis Community Learning (OCL). OCL collects and processes personal data. Personal data is any information that can lead to the identification of a specific individual. Data we collect relates to various groups of data subjects (i.e. individuals) including parents, carers, students, siblings, our employees, volunteers and others involved in the life of the Academy. Data is collected for a variety of purposes including our legal and educational obligations, as well as statistical reporting. Some personal information we process is required to meet these obligations, whilst other information we process requires the specific consent of the individual and is optional and these circumstances are clearly indicated where relevant. The data is retained and managed in accordance with the OCL Data Protection and associated policies. More information about the processing of data within OCL can be found on the Academy and OCL websites within the Privacy Notice or can be obtained by contacting the Academy directly.

PLEASE CONTINUE OVERLEAF