



INTEGRATED NURSERY
AND SPECIAL NEEDS SCHOOL

The Ronson, Wohl, Esfandi Campus
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LONDON N16 0QJ

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www.sidebyside.org.uk

School Application Form

About Us...

At Side by Side, we see past diagnoses and disabilities. We offer a range of services and programs to ensure that each child has the chance to reach their full potential and succeed in school and beyond.



Integrated Nursery

A unique integrated nursery for both mainstream children and those with special needs aged 2 to 5 years, encouraging all children to learn and play side by side in a highly staffed environment, ensuring all their needs are met.



Special School

Side by Side Special School is a community school registered under the Department of Education, offering a unique learning environment for children aged 5 to 19.



Therapies

Our therapy team includes Speech & Language, Occupational, Music, and Physiotherapists, supporting children on a 1:1 basis, in small groups, and through classroom-based interventions.



Workability / Life Skills

We aim for all children to achieve external qualifications through ASDAN Programmes and Functional Skills, and offer work experience placements with strong job coaching to support their development.



After School Club

Our After School Club is designed for secondary-aged young people, providing varied activities, sports, and key life skills to expand experiences and opportunities for all children.



Parent Support

We offer comprehensive support to ensure families are involved in their child's education and development, providing resources to help parents understand their child's progress and needs.

School Application Form

Please fill out and sign all parts of this form

CHILD'S DETAILS

Surname:

First Name:
(as shown on passport)

Hebrew Name:

Name known as:

Date of Birth:

Age:

Important: Please enclose a copy of your child's Birth Certificate as I.D.
(for internal use only)

CHILD'S FATHER'S DETAILS

Surname: First Name:
(as shown on passport)

Date of Birth: Age: Name known as:

National Insurance Number: Nationality:

Passport Number: Passport Expiry Date:

Mobile Phone: Can you receive texts? ☐ Yes ☐ No

Email Address:

Postal Address:
 Postcode:

Home Phone: Marital Status:

Are you the child's biological father? ☐ Yes ☐ No Do you have parental responsibility? ☐ Yes ☐ No

Father's Hebrew First Name:

Occupation:

With which Shul do you affiliate? Shul Address:

CHILD'S MOTHER'S DETAILS

Surname: First Name:
(as shown on passport)

Date of Birth: Age: Name known as:

National Insurance Number: Nationality:

Passport Number: Passport Expiry Date:

Mobile Phone: Can you receive texts? ☐ Yes ☐ No

Email Address:

Postal Address:
Please write "as above", or add mother's postal address if this differs from the father's address. Postcode:

Home Phone: Marital Status:

Mother's Maiden Name: Occupation:

Are you the child's biological mother? ☐ Yes ☐ No Do you have parental responsibility? ☐ Yes ☐ No

EMERGENCY CONTACT 1

Please provide **two** emergency contacts, who have agreed to be contacted in case of an emergency. These should **NOT** be this child's parent. Please state their relationship to the child (i.e. grandparent, aunt/uncle etc.).

Surname: First Name:

Mobile: Home: Relationship:

Postal Address:

EMERGENCY CONTACT 2

Surname: First Name:

Mobile: Home: Relationship:

Postal Address:

MEDICAL INFORMATION

Please confirm your consent for Side by Side to contact your GP and all relevant medical practitioners involved with your child when needed. We would only do this if your child has a defined medical or special need, and when information is required to ensure the safety of your child and that their needs are met. You will receive copies of all correspondence.

GP / Medical Practitioner: Surgery:

Postal Address:

Parent's Consent: **"I give permission for Side by Side to contact my child's GP, Doctor's Surgery, relevant staff and other medical practitioners if any medical information is required to ensure the safety and well-being of my child."**

Print Name Date: Signature:

SIBLINGS, FAMILY & SUPPORTING INFORMATION

Does your child have any siblings under the age of 8?

☐ Yes

If you answered "Yes", please provide their names and their current setting. If a second or third sibling attends the same setting as the first sibling, you can write "As Above" in the **Current Setting** and **School Address** fields.

☐ No

If you answered "No", please continue on to the next page and the **Child's Needs** section.

Child 1

Full Name: Current Setting:

Setting Address:

Child 2

Full Name: Current Setting:

Setting Address:

Child 3

Full Name: Current Setting:

Setting Address:

No

No

No

No

[illegible]

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What is your proposed start date for your child:

Enter date as mm/yy

Do any of the child's siblings attend Side by Side?

☐ Yes☐ No

Full Name:

Class:

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Full Name:

Class:

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Do both parents work for 16 or more hours per week?

☐ Yes☐ No

Do either of the child's parents carry a UK driving license?

☐ Yes☐ No

Is your child in receipt of Disability Living allowance (DLA)?

☐ Yes☐ No

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

☐ Yes?☐ No

Are you in receipt of Universal Credit?

☐ Yes☐ No

Are you in receipt of Tax Credit?

☐ Yes☐ No

Does the child you are applying for
legally live with you?

☐ Yes☐ No

* Current Setting:

Setting Address:

DATA COLLECTION AND SUBMITTING YOUR APPLICATION

Terms & Conditions and Consent under the Data Protection Act (GDPR 25th May 2018)

Side by Side collects information. This may be for all types of data collection, which includes information regarding **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 **Information Commissioner's Office (ICO)**. By signing this form, you confirm that understand and consent to this purpose. Should you wish to opt out, please contact the GDP Lead at the school direct in accordance to our **Data Protection & Confidentiality Policy**.

Use the checklist below to make sure you have completed every section and included all the relevant documentation to support your application. Please note that incomplete applications will be returned to you and may delay the processing of your application.

☐ I have filled and signed all parts of this Application Form.

☐ I have enclosed a copy of my child's Birth Certificate.

☐ Yes ☐ No I have enclosed a picture of a parents UK Driver's License.

Reason, if not enclosed:

☐ Yes ☐ No I have enclosed a copy of my child's most recent DLA Eligibility Letter (from DWP) .

Reason, if not enclosed:

☐ Yes ☐ No I have enclosed a copy of both parents' UK Passport.

Reason, if not enclosed:

☐ Yes ☐ No I have enclosed a copy of my child's UK Passport.

Reason, if not enclosed:

☐ I have enclosed a copy of the first page of my Child Benefit Letter.

☐ Yes ☐ No I have enclosed a copy of the first page of my Child Tax Credit or Universal Credit Letter.

Reason, if not enclosed:

☐ I understand that completing this Application Form does not imply or guarantee that my child will be offered a place at the School, and that I will receive written confirmation if my application is successful.

☐ I confirm that the information in this application is correct, to the best of my knowledge and belief, and that my failure to disclose relevant information concerning my child may put the placement at risk.

☐ I further agree to inform the School of any changes to my child's circumstances, since these changes may affect their placement at Side by Side.

☐ I have read and understood the Side by Side Safeguarding Statement.

Signature of the child's Father:

Signature of the child's Mother:

Date:

Date:

Please return your completed form to admissions@sidebyside.org.uk or hand it in to the School Office.
Please note that fees need to be agreed prior to confirming a placement

☐ No

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