



APPLICATION FOR ADMISSION TO A NURSERY CLASS AT ST JOSEPH'S CATHOLIC PRIMARY SCHOOL

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

1. Details of Child

Surname

First Name(s)

Date of Birth

/ /

Boy

Girl

Please tick

2. Details of Parent(s) or Guardian(s) With Whom Child Lives

(i) Surname

Initials

Mr/Mrs/Miss/Ms

(i) Home Tel. No.

Work Tel. No.

Relationship to child

(ii) Surname

Initials

Mr/Mrs/Miss/Ms

(ii) Home Tel. No.

Work Tel. No.

Relationship to child

Address

Postcode

Borough of Residence

3. Type of place

Part-time

Full-time*

Please tick

If you are requesting a full-time place, are you a single parent in full-time employment or study?

Yes

No

Please tick

*Please note that the school can only offer a limited number of full-time places

4. Details of Siblings who will be in attendance at time of admission

Surname(s)

First Name(s)

Date of Birth

5. Reasons for application

If you wish to give reasons for your application, please use the space below.

If your child has an acute medical or personal reason for needing a place at this school, you must tick this box and provide professionally supported evidence with your application

Medical / Social report attached

6. Declaration

1. I understand there is no automatic right of transfer from the nursery class to the infant reception class at the school.

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.

Signature of Parent

Date

/

/

Is your child a Catholic YES/NO (please circle answer)

Is your child baptised? YES/NO (please circle answer)

Parish attended?

For School Use Only

Place offered:

Yes

Part Time

Full Time

Date of Admission

/ /

UPRN

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or

No

Please state reason below:

Signature of Headteacher

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Date

/	/
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