

St Monica's Catholic Primary School

APPLICATION FOR ADMISSION TO ST MONICA'S CATHOLIC PRIMARY SCHOOL NURSERY

CONFIDENTIAL

Please complete all sections and provide copies of the following:

- **Full Birth Certificate**
- **Certificate of Baptism**
- **Passport**

Child's Surname: **First Name:**

Preferred Name:..... **Middle Name(s):**.....

Date of Birth: DayMonthYear **Gender:** Male / Female

Address:

.....

Postcode:..... **Tel No**

First Language:..... **Other Language:**.....

Country of Birth:..... **Nationality:**.....

Passport Number.....Please provide a copy of passport.

Please provide names and dates of birth of any brothers/sisters:

1. Full Name: Date of birth:.....

2. Full Name: Date of birth:.....

3. Full Name: Date of birth:.....

4. Full Name: Date of birth:.....

Please give details of any special family circumstances that the school should be aware of:

.....

.....



Religion: **Priest's Name:**

Parish Address:

..... Tel No:

Please provide copies of birth certificate and certificate of baptism.

Subject to a place being offered in the Nursery:

Please indicate preference: **Morning session** **Afternoon session** **Either session**

Extra 15 hours Government funded or self funded

I will accept the offer of a place at Nursery for my child on the understanding that it does not guarantee him/her a place in the main school.

Signature of Parent/Guardian Date:

It is extremely important that we are able to make contact with you during the day should there be a problem with your child. Please therefore give daytime details and at least one other contact person. Please give details of both parents where possible. Unless an order under Section 8 of the children Act 1989 is in force, we are obliged to treat all those with parental responsibility equally and they are entitled to receive school reports and participate in the exercise of other parental rights, such as voting, attending parents' evenings, etc.

Mother's full name:

place of work: Occupation: Tel:.....

Father's full name:

place of work: Occupation: Tel:.....

Emergency contact other than parents:

Name: **Tel:**

Relationship to child:

Address:

.....Postcode.....

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MEDICAL INFORMATION

Surname: First Name:

Date of Birth: Day Month Year

Please complete the following details regarding your child's health.

Details of any regular medication: (e.g. Asthma inhaler).....

Known Allergies:

Dietary restrictions:

ANY medical issues we should be aware of:.....

Sight: (Does your child wear glasses?)

Hearing: (Please give details of any deficiency)

Does your child have any special educational needs? Yes / No

If yes please specify.....

Family Doctor Name:

Address:

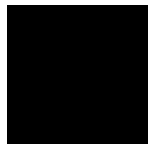
Tel No:

Signature of Parent/Guardian Date:

Name: (Please Print).....

Relationship to child:.....

Our School as a data controller aims to ensure that all personal data collected is collected, stored and processed in accordance with the General Data Protection Regulation and the provisions of the Data Protection Act 2018. For more information on how we do this, please see our website at www.st-monicas.co.uk/information/general-data-protection-regulation/ or contact the school office.



'Let trust, respect and love live here'