



APPLICATION FOR ADMISSION TO ST MONICA’S CATHOLIC PRIMARY SCHOOL

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**

Email address:.....

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. Name: Date of birth:..... Boy/Girl
2. Name: Date of birth:.....Boy/Girl
3. Name: Date of birth:.....Boy/Girl

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

.....
.....

Religion: **Priest's Name:**

Parish Address: **Tel:**.....

Please provide copies of birth certificate and certificate of baptism.

Subject to a place being offered in the Nursery:

Please indicate preference:

Morning session: 8.45am-11.45am

Afternoon session: 12.30pm-3.30pm

Extra 15 hours Government funded or self-funded: 8.45am-3.30pm

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: **D.O.B.:**

Phone number: Email Address:

Place of work: Occupation: NI Number:.....

Address if different to the child's:.....

..... Postcode.....

Father's full name: **D.O.B.**.....

Phone number: Email Address:

Place of work: Occupation: NI Number:.....

Address if different to the child's:.....

..... Postcode.....

By providing a national insurance number I consent to St Monica's applying for pupil premium on my behalf.

Emergency contact other than parents:

Name: **Phone Number:**.....

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 e.g. Vegetarian:.....

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’

Ethnic background record form

To be completed by parents/guardians/students only

School: _____

Students Name: _____

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Using the list below please tick **ONE BOX ONLY** to indicate the ethnic background of the student named above. Please also tick to indicate whether a parent/guardian or student filled in the form.

WHITE Please specify

- English
- Scottish
- Welsh
- Other White British
- Irish
- Traveller of Irish Heritage
- Gypsy / Roma
- Italian
- Eastern European
- Western European
- Any other White Background

Black or Black British Please specify

- Black Caribbean
- Ghanaian
- Nigerian
- Sierra Leonian
- Somali
- Other Black African
- Any other Black Background

MIXED OR DUAL BACKGROUND Please specify

- White and Black Caribbean
- White and Black African
- White and Pakistani
- White and Indian
- White and Other Asian
- Any other Mixed Background

ASIAN OR ASIAN BRITISH Please specify

- Indian
- Pakistani
- Bangladeshi
- Asian Other

OTHER GROUPS Please specify

- Chinese
- Japanese
- Any other Ethnic Group

I do not wish for an ethnic category to be recorded

THIS INFORMATION WAS PROVIDED BY:

Parent/Guardian

Signed: _____

Student

Dated: _____

(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Authority and the Department for Children, Schools and Families DCFS) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.)