

St. Edmund's Catholic Primary School



NURSERY APPLICATION FORM 2016/2017

Please use Capital letters and Black ink

Child's Surname	
Child's Christian / Forenames	
Date of birth	
Denominational status <i>(E.g. Catholic, Anglican)</i>	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	

This address must be where the child lives for 50% or more of the school week. The address of another relative or a temporary address is NOT acceptable. Any attempt to mislead the school may result in the withdrawal of an offer of a place. This is the address to which correspondence will be sent.

	1st Parent/Guardian	2nd Parent/Guardian
Title (Mr, Mrs, Miss, Ms, etc.)		
Surname		
Christian / Forename		
Telephone number(s)	(Home) (Mobile)	(Home) (Mobile)
Email address		
Denominational status		
If attaching a non UK Baptismal Certificate, please name the Diocese & Parish:		

Are there any exceptional educational, medical, social or pastoral needs that can most appropriately be met at St. Edmund's Catholic Nursery?	YES / NO
Is there any disability /medical condition that prevents the child being toilet trained?	YES / NO
If YES please provide supporting documentation from an educational psychologist doctor, social worker or Priest.	

Is the child a “looked after” child or child who has been adopted (or made subject to child arrangements order or special guardianship orders) immediately following having been “looked after” ? If YES please provide supporting documentation.	YES / NO
Will the child have any brother(s) or sister(s) at St. Edmund’s School at the date of this application?	YES / NO
If YES, please give name(s) and <i>Current</i> class(es), or “Applied for Reception”:	

Please state your session preference by ticking the relevant box below (please tick only one box:

Morning	(8:45am to 11:45am)	<input type="checkbox"/>
Afternoon	(12:30pm to 3:30pm)	<input type="checkbox"/>
Either	(No preference)	<input type="checkbox"/>

I confirm that I have read and understood the Nursery Admissions Policy and that the information I have provided on this form is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate then the Governors may withdraw any offer of a place even if the child has already started in the Nursery.

Signature of Parent or Guardian: _____ Date: _____

Please return this form to reach the school as early as possible and no later than **26th February 2016**.

If you wish your child to be considered as a practicing Catholic and be eligible under Categories 2, 3 or 4 of the oversubscription criteria this form must be accompanied with your child’s Baptismal Certificate and a completed Certificate of Catholic Practice Form

N.B. You must include proof of address, e.g. Council Tax or utility bill, which is not more than 6 months old.

The completion and return of this form to the School does not guarantee the offer of a place to your child.

ALL documents for admissions can be obtained from the school office or from the school website at:

<http://www.st-edmunds.richmond.sch.uk/admissions.html>

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For office use only:

Date Application Form received by School:	
Baptismal Certificate attached:	
Certificate of Catholic Practice attached:	
Proof of address supplied:	
“Needs” Documentation attached:	