

St. Edmund's Catholic Primary School



**NURSERY APPLICATION FORM
2021/2022**

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.

	Parent/Guardian	Parent/Guardian
Title (Mr, Mrs, Miss, Ms, etc.)		
Surname		
Christian / Forename		
Telephone number(s)	(Mo bile	(Mob ile
Email address – Please print clearly		
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
Are there any disability or medical conditions that prevent 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”:	
Is the child’s Baptism Certificate or Certificate of Reception dated one year or more after the child’s birth date due to the parent(s) Reception into the Catholic Church ? If YES please supply the parent(s) Certificate of Reception	YES / NO
Is either parent a member of staff employed at the school for two or more years at the time of application? If YES please give name of member of staff.	YES / NO

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	(12:20pm to 3:20pm)	<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 5th March 2021.

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 Part B of the Diocesan Priest’s Reference Form

N.B. You must include proof of address, e.g. 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:	
Proof of address supplied:	
“Needs” Documentation attached:	
Parents Certificate of Reception attached:	