

**St Patrick's Catholic Primary School
Admission to Nursery - APPLICATION FORM**

PLEASE USE BLOCK CAPITALS AND BLACK INK - PLEASE ✓ IN BOXES WHEN REQUESTED.

A. PERSONAL DETAILS				
CHILDS SURNAME:		FORENAME:		
DATE OF BIRTH: <small>(ENCLOSE COPY OF BIRTH CERTIFICATE)</small>	ENCLOSED <input type="checkbox"/>	GENDER:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
HOME ADDRESS:				
POSTCODE:		DAY TIME TELEPHONE NUMBER:		
EMAIL ADDRESS:				
B. DETAILS OF ANY BROTHERS OR SISTERS ATTENDING ST PATRICK'S CATHOLIC PRIMARY SCHOOL AT THE TIME OF ADMISSION				
CHILDS NAME:		DATE OF BIRTH:		
CHILDS NAME:		DATE OF BIRTH:		
CHILDS NAME:		DATE OF BIRTH:		
C. FURTHER INFORMATION TO SUPPORT YOUR APPLICATION				
DOES YOUR CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS (IN ACCORDANCE WITH THE EDUCATION ACT 1996)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE STATE IF THE CHILD IS IN PUBLIC CARE ('LOOKED AFTER CHILD')			YES <input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE STATE THE RELIGION OF YOUR CHILD:				
IF CATHOLIC, HAS YOUR CHILD BEEN BAPTISED?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE ENCLOSE A COPY OF HIS/HER BAPTISMAL CERTIFICATE. THIS MAY BE CRITICAL IN THE ALLOCATION OF PLACES.			INCLUDED <input type="checkbox"/>	NOT INCLUDED <input type="checkbox"/>

**D. SESSIONS REQUESTED -ALL SESSIONS ARE TERM TIME ONLY
PLEASE NOTE THAT YOU ARE ENTITLED TO 5 FREE SESSIONS (THE FIRST
5 SESSIONS IN A STANDARD WEEK) ANY FURTHER ONES ARE THEN
CHARGEABLE. ALL LUNCHTIMES ARE CHARGEABLE.**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
LUNCHTIME					
PM					
HOW FLEXIBLE ARE YOU WITH REGARD TO YOUR REQUEST?			WILL ACCEPT ANY PLACES OFFERED <input type="checkbox"/>	WILL BE ABLE TO SHOW SOME FLEXIBILITY <input type="checkbox"/>	CANNOT BE FLEXIBLE AT ALL <input type="checkbox"/>

PLEASE GIVE DETAILS

E. DETAILS OF THE PERSON WITH PARENTAL RESPONSIBILITIES

TITLE:		SURNAME:		FORENAME:	
RELATIONSHIP TO THE CHILD:					

F. OPTIONAL DETAILS WHICH MAY ENTITLE YOUR CHILD ADDITIONAL RESOURCES OR A FREE LUNCHTIME SESSION :

NATIONAL INSURANCE NUMBER OF PARENT:

DATE OF BIRTH OF PARENT:

FIRST THREE LETTERS OF SURNAME:

I give permission for the school to contact the local authority with these details to establish whether my child will attract any extra funding.

I would like to access the extra 15 hours of funding (or part of): YES/NO

SIGNED:		DATE:	
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PLEASE RETURN THIS FORM BY : TO:

MRS C ANDERSON
NURSERY ADMINISTRATOR
ST PATRICK'S CATHOLIC PRIMARY SCHOOL
HULLENEDGE ROAD
ELLAND
WEST YORKSHIRE HX5 0QY.

PLEASE NOTE THAT A PLACE IN NURSERY DOES NOT GUARANTEE YOUR CHILD OF A PLACE IN SCHOOL.