

ST. MARIE'S CATHOLIC PRIMARY SCHOOL

APPLICATION FOR ADMISSION OF CHILD TO NURSERY

PLEASE COMPLETE ALL ENTRIES AND RETURN TO SCHOOL

Child's full name: **Date of Birth:**

Address: **Post Code:** **Sex:** **Male**..... **Female**.....

Mobile No: **Home:** **Religion:**

Ethnicity **First language:** **Language spoken at home**

Mother's full name: **Father's full name:**

Guardian's name if different to above: **Tel no:**

Has your child accessed any of the following:-

Sure Start: **Private Nursery:** **Childminder:** **2 Year Offer:**

Any other School or Nursery:

Does your child have any medical conditions, please specify:

Any food allergies (e.g. food, medicines, plasters, special dietary needs)

Do you have any concerns regarding your child's Speech: **Hearing:**..... **Sight:**

Please specify

Second Contact Name **Tel no**.....

Names of brothers/sisters in school if applicable

Signed **Date**

For office use only: **Admission Date:** **Session:** **Mon – Wed / Wed - Fri**