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Our Lady of the Most Holy Rosary Catholic Academy

Head Teacher: **Mrs B Tester**
CEO: **M Regan OBE, DL M.Ed., B.Ed (Hons)., FCIEA, CEA**
Deputy CEO: **M Shorten M.Ed., BA (Hons)**
Chair of Directors: **J Wilson BA (Hons), PGCE, NPQH**

APPLICATION FORM FOR ENTRY INTO NURSERY

Child's Name:		Date of Birth:	
Full Address:			
Home Phone number:			
Names of Parents/Guardians:		Mobile no:	
		Mobile no:	
Preferred Session (please tick):	Morning	Afternoon	30 Hours

Please Circle

Is your child a baptised Catholic living within the parish of St. Thomas of Canterbury? (please attach a photocopy of baptismal certificate)	YES / NO
Is your child a baptised Catholic living outside the parish of St. Thomas of Canterbury? (please attach a photocopy of baptismal certificate)	YES / NO
Has your child any siblings attending Our Lady of the Most Holy Rosary RC Primary School?	YES / NO
Has your child been baptised/christened in another Faith/ Denomination? (please attach a photocopy of an appropriate certificate) Faith/Denomination	YES / NO
My child has not been baptised in another Faith / Denomination but we would like our child to receive a Roman Catholic education and take part in the religious life of the school.	Please Tick

✱ WE REQUEST THAT YOU COMPLETE THE SECTION OVERPAGE AND SIGN.   Thankyou.
✱ PLEASE NOTE:
  ❑ Admission to the nursery does not necessarily guarantee admission to main school
  ❑ We do try to allocate the session preferred but this is not always possible
  ❑ It is a requirement that all children are fully toilet trained before admission into the nursery

For Governor use only ....

Siblings Information

Name	Date of Birth	Current School

Reasons for applying for a place at Our Lady of the Most Holy Rosary

Signed:		Please Print Name:	
Relationship to child:		Date:	