

## **Nursery**

## **St. Ignatius Catholic Primary School**



## **Application for Admission**

## **Child's Details**

	Child's sur	name:				
Child's Christia	n or other first	name:				
Date of Birth:						
Please attach copy of birth certificate				Current Age:		
Postcode						
Home Address						
Previous Nursery:						
Preferred Session?						
Mornings		Afterno	ons		Full time*	
Parent/Carer Details						
1 <sup>st</sup> Parent(s)/0	Carer(s) name:					
	Address:					
Telep	hone number:					
Translator required?		Langu	ages spoken?			
Alternative contact detail	s:					
Name:						
	Address:					
Telep	hone number:					
Translator required?			Langu	ages spoken?		

<sup>\*</sup>Free full time places are available to families who are entitled to 30 hours free childcare OR limited places are available at an extra cost. Call the school for more information.

Names			Class		
Details of Religion					
Catholic	Other Christian (name o denomination e.g Method		Other faith		
	Parish you live in:				
Church where child was bapt	ised and date of baptism (if applicable):				
Is your child "looked after" by adopted or subject to a child a guardianship order having previou (Please circle your	rrangement or special usly been "looked after"?		YES	NO	
Does your child have exceptional this school? P	medical, pastoral or socia lease circle. (Professional		-	•	
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