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CEO: Dame M Regan DBE OBE, DL
M.Ed., B.Ed (Hons)., FCIEA, CEA
Deputy CEO: M Shorten M.Ed., BA (Hons)
Chair of Directors: M Matthews B.Ed, NPQH

## 'Christ Be Our Light'

## **APPLICATION FORM FOR ENTRY INTO NURSERY**

Child's Name:				Date of		
Full Address:				Birth:		
run ruuress.						
Home Phone						
number:						
Names of				Mobile		
Parents/Guardians:				no:		
				Mobile		
D ( 10 ; (1				no:	1 00 11	
Preferred Session (ple	ease tick):	Morning	Afternoon 3		30 Hours	
			•		-	
						Please Circle
Is your child a baptised Catholic living within the parishes of St. Joseph's Norton or St. Mary's Stockton? (please attach a photocopy of baptismal certificate)					YES / NO	
Is your child a baptised Catholic living outside the parishes of St. Joseph's or St. Mary's? (please attach a photocopy of baptismal certificate)						YES / NO
Has your child any siblings attending St. Joseph's					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
<ul><li>* PLEASE NOTE:</li><li>□ Admission to the r</li><li>□ We do try to alloc</li></ul>	nursery does no ate the session	THE SECTION OVERPAGE of necessarily guarantee preferred but this is not en are fully toilet trained	admission to	ible	e nursery	
For Governor use only						



## **Siblings Information**

Name	Date of Birth	Current School

Reasons for applying for	a place at St Joseph's.		
Signed:		Please Print Name:	
Signeu.		Please Plill Name.	
Relationship to child:		Date:	
		24.6.	

