

# St. Anthony's Catholic Primary School

Croxley View, Watford WD18 6BW



## Nursery Admissions

### Application Form 2018 - 2019

#### Child's Details

<b>Child's surname:</b>	
<b>Child's First or Forenames:</b>	
<b>Home Address (at the time of application):</b>	<b>Date of Birth:</b>
	<b>Gender:</b>
	<b>Postcode:</b>
<b>NHS number:</b>	
<b>Your relationship to the child (e.g. mother/father/carer /stepmother/stepfather/ social worker):</b>	

#### Parent/carer details

**Please complete the details for both parents if living at the same address:**

	Parent/carer 1 details	Parent/carer 2 details
<b>Title:</b>		
<b>Forename:</b>		
<b>Surname:</b>		
<b>DOB:</b>		
<b>National Insurance Number:</b>		
<b>National Asylum Support Service (NASS) Number (if applicable):</b>		
<b>Address:</b>		
<b>Email address:</b>		
<b>Telephone numbers</b>		
<b>Daytime:</b>		<b>Mobile:</b>

## Details of Religion

Religion of child: (Please tick)	Catholic	Other Christian (name of denomination e.g. Methodist)	Other faith
Catholic Parish where you live:			
Catholic Parish where you worship:			
Church where child was baptised and date of baptism (baptism certificate required - <b>at the time of application</b> ):			
Name and position of priest signing the Certificate of Catholic Practice (where appropriate):			
Names of brothers or sisters at this school who will still be on roll in September 2018:		Name	
		Class or Year Group	
Is your child 'looked after' by the Local Authority, adopted having previously been 'looked after' or subject to a 'child arrangements order', or special guardianship order? (Please circle your response.) Please provide evidence with this form.		<b>YES</b>	<b>NO</b>
Does your child have a Statement of Special Educational Needs or an Educational Health and Care Plan (EHCP)? Please provide evidence with this form.		<b>YES</b>	<b>NO</b>
Is your child, or a sibling of your child, the subject of an inter-agency child protection plan and been placed on the Child Protection Register? Please provide evidence with this form.		<b>YES</b>	<b>NO</b>
Early Years setting/s child attends, or has attended (if applicable)			

Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this school? Please circle your response. (Compelling, written, professional supporting evidence will be required from the local church or health authorities **at the time of application**. This will be treated confidentially with this application.)

**YES**

**NO**

**I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate that the governors may withdraw any offer of a place even if the child has already started school.**

**I understand that completion of an application form does not guarantee a place in the Nursery class.**

**I understand that, if offered a place in the Nursery class, I will have to apply separately for a place in Reception.**

Signed.....

Date.....

**Thank you for completing this application form.**

**PLEASE RETURN THE FORM TO THE SCHOOL OFFICE BY  
9.00 a.m. ON 23<sup>rd</sup> FEBRUARY 2018.**

Please note:

- Where applicable parents can obtain a Certificate of Catholic Practice from the priest at the parish where the family normally worships or from the Diocese of Westminster website at [www.rcdow.org.uk/education/parents](http://www.rcdow.org.uk/education/parents)
- Applicants from other Christian denominations and other faiths may attach a letter from their minister or religious leader confirming membership of the faith community.

**Checklist:**

Have you enclosed?

Copy of baptism certificate

Certificate of Catholic Practice (where necessary)

Evidence of exceptional need (where appropriate)

Other evidence as indicated earlier on this form (where appropriate)