



St Joseph's RC Primary School Nursery Application Form

Type of provision required: *Please tick appropriate box(es)*

15 hours funded early education
 30 hours funded extended early education 30 hour code: _____
 A mixture of funded and paid for provision National Insurance Number: _____

Sessions preferred:

	Monday	Tuesday	Wednesday	Thursday	Friday
9.00-12.00					
12.15-3.15					

Breakfast/After School Club:

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00-9.00					
3.15-4.15/5.30					

This form must be completed in relation to all applications for a nursery place. You must complete an application for every child (ie one each for sibling) who requires a nursery place.

Child's Legal Surname:	Child's Forename(s):	
Child's Date of Birth:	Age:	Male/Female:
Is the child Baptised Roman Catholic? (proof of baptism will be required) <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
Child's home address (current):	Child's new address (if you are moving):	
Postcode:	Postcode:	Date of move:
Name of Parent/Guardian(s): Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Home address (If different to child's):		
Postcode:		
Is English the first language spoken? By Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> By Child: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no please state first language: By Parent:		By Child:
Contact details	Home number:	
	Mobile number:	
	Email address:	

Current or Previous Nursery/Childcare Provider (If applicable)

Establishment Name/Address	Date from:	Date last attended:

Details of any siblings who will be attending the school at the time of admission.

(Siblings include brothers and sisters, stepchildren, half brothers and sisters, adopted and foster children living with the same family at the same address).

Name(s)	Date of Birth

Pupil Background

(Previous Education/Support History (Please tick as appropriate))	Yes	No
Is this pupil in care (Looked After/Previously Looked After)? If yes, to which Local Authority		
Children's Services involvement? If yes, please provide social worker's name:		
Is the child known to the Educational Psychology Service?		
Does the child have a disability?		
Does the child have an illness?		
Are you a Crown Servant? If you are UK service personnel or other Crown Servants living abroad with your family please tick YES. You will need to provide an official MOD, FCO or GCHQ letter declaring your relocation date and address.		
Special Educational Needs Status (SEN)	Education Health and Care Plan (EHCP)	
	Under Formal Assessment	

Additional Information About Your Application/School Preferences

Additional information to support your application may be provided. This can be medical, social and welfare information relating to the pupil and/or the family. Evidence from an appropriate professional (e.g. doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary.

Signature(s)

I/We confirm that the information provided is accurate at the time of this application. I/We acknowledge that the admission authority and/or Local Authority have the right to verify the information given on this application. I/We acknowledge that the offer of a place will be based upon this application and that an offer may be withdrawn if subsequently it is found to have been made in relation to inaccurate or misleading information. I/we will provide evidence of the pupil's permanent address and date of birth prior to or after taking up a school place if requested. I/We give permission for the school to contact the nursery/childcare provider where my child is currently attending (if applicable) to seek background information in respect of behaviour/attendance/the involvement of outside agencies.

Parent(s)/Guardian(s)

Date

Please return to:
School Business Manager
St Joseph's RC Primary School
Huttock End Lane
Stacksteads
Bacup OL13 8LR
bursar@st-josephs-bacup.lancs.sch.uk