

St. Joseph's RC Voluntary Aided Primary and Nursery School

Main Road, Boughton, Newark, Notts, NG22 9JE Tel: 01623 860392

Head of School: Mrs E Wilkins-Campbell

Application for Admission to:

Nursery		Main School	
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PERSONAL INFORMATION:

Full Name of Child (as on birth certificate): _____ Male/Female

Known as (if different from above): _____ (Please Circle)

Address: _____

Postcode: _____

Tel No: _____

Date of Birth: _____

FAMILY DETAILS:

Father's name: _____ **Contact Number:** _____

Do you have Parental Responsibility Yes/No _____ **Email address:** _____

Mother's name: _____ **Contact Number:** _____

Do you have Parental Responsibility Yes/No _____ **Email address:** _____

Entitled to Free School Meals: YES/NO _____ **Place in Family:** (eg. BGB) _____

Court Orders/Guardianships etc. Yes/No If yes please include details – Certificate of order.

Name of other siblings including those attending school (if any): _____

RELIGIOUS DENOMINATION:

Religion of Father: _____ Religion of Mother: _____

Religion of Child: _____

Child Baptised at: _____ Date: _____

Church attended for weekly Mass: _____

Please enclose a copy of their Baptismal Certificate with their application.

Reason for wanting to attend St. Joseph's School/Nursery (state all your reasons please):

Previous home address (if applicable): _____

 Previous School Name: _____
 Address: _____
 Tel No: _____

<u>ETHNICITY</u>	<u>HOME LANGUAGE</u>	<u>RELIGION</u>
Bangladeshi Black African Black Caribbean Black - Other Chinese Gypsy/Roma/Traveller Irish Traveller Indian Pakistani White - UK White European White - Other Any Other Ethnic Group:-	Bengali Cantonese Greek English Gudjurathi Hindi Italian Lithuanian Portuguese Polish Punjabi Spanish Turkish Urdu Other:-	Anglican Baptist Christian Hindu Jewish Methodist Muslim Roman Catholic Sikh No Religion Unclassified United Reform Church Other:-.....

MEDICAL INFORMATION :

Doctor's Surgery: _____ Tel No: _____

Doctor's Name: _____

Details of important medical factors (please include allergies, asthma, special dietary requirements etc.)

Does your child have any particular difficulties (ie. speech, hearing, etc.)?

ANY OTHER INFORMATION YOU MAY FEEL IS RELEVANT (any information given is strictly confidential):

SIGNED: _____ Parent(s)/Guardian **Date:** _____

<u>OFFICE USE</u>	
Birth Certificate seen: <input type="checkbox"/>	Passport seen <input type="checkbox"/>
Baptismal Certificate Copied: <input type="checkbox"/>	Parental Responsibility checked <input type="checkbox"/>