ST PETER'S CATHOLIC PRIMARY SCHOOL

NURSERY APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO THE SCHOOL OFFICE.		
Child's Name:	Date of Birth (dd/mm/yy):	
Address:		
E-mail address:		
Parent/Carer Name:		
Parent/Carer Name:	Mobile:	
Physical disabilities or illness:		
Name of older children in the family, with dates of birth:		
Does your child have a certificate of Catholic baptism?		
If yes, date and place of baptism:		
Does your child follow another faith? If so, please provide evidence of your faith		
Ethnic Monitoring		

I would describe my child's ethnic group as:

Bangladeshi

Other – please state

White -	Black -	Mixed Ethnic -
English	Caribbean	White & Black Caribbean
Irish	African	White & Black African
White European	European	White & Asian
Other – please state	Other – please state	Other – please state
Asian –	Chinese -	
Indian	Hong Kong	
Pakistani	Malaysian	

Singaporean

Other – please state

Country of Birth:	
Home Language:	
English as an additional language – Yes / No	
Signature Parent/Carer:	
Date:	
Please return your completed form either in certificate and baptism certificate if applicable t	person, email or by post along with a copy of your child's birth
School Office St. Peter's Catholic Primary School Hough Hill Road Stalybridge SK15 2HB	
Should you wish to enquire about your applica admin@st-peters.tameside.sch.uk	ation please contact the school on 0161 338 3303 or by email to
	s responsibilities under the General Data Protection Regulation and e contact the Data Protection Officer via the School.
SCHOOL USE ONLY	
Admission year Applicat	tion number Criteria number
Date application received	Received by
Birth Certificate checked	Baptism Certificate checked
Proof of residency Nursery	Proof of residency School
Entered onto pre-admission group	
Date offer letter for Nursery sent	Confirmation slip received YES/NO
Date of admission to Nursery	Admission No
LEA Admission letter date sent to parents	