

www.stvincentshr.org admin@stvincentshr.org 01582 862456



Growing in faith: loving and learning together with Jesus

Headteacher: Mrs L Waldram, BSc (Hons) PGCE

St. Mary's Catholic Primary School St. Vincent's Catholic Primary School

St Mary's Catholic Primary School Pre-school Application Form

Our Pre-School is for children aged 2 & 3 years old. From the September following their 3rd birthday, children attend our Nursery Class. A separate application form should be completed for Nursery.

Please give an indication which sessions you would like your child to attend (please tick boxes)

	Morning 8:45 – 11:45am	Afternoon 12:30 – 3:30pm	All Day * 8.45am – 3.30pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

* Includes lunch session from 11.45am – 12.30pm. Parents/carers must provide a packed lunch for their child in accordance with the schools' packed lunch policy.

Personal Details of Pupil

Surname		
First Name		
Other Names		
Date of birth	Male 🗆	Female
Home address, including postcode		

Name of any related pupil currently at this school:								
Full Name			Relationship to					
			above pupil					
Name of PLAYGROU	IP or NURSE	RY attended in	f relevant:					
Name of Playgroup/N	ursery							
County								





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Delinian	-		Mother Tongue (Language spoken at home)	(Language spoken at		NOT English
Religion			If not English, please state the home language here:	•		
Ethnic Group			\ \		Court Order	ſS
(Please tick o	ne of the	e boxes belov	V)	<u> </u>	A	
		- British			Are any court applicable to Yes □	
White		- Irish			lf yes, please details below	e give further v
		- Traveller of Irish Heritage				
		- Gypsy/Roma				
		- Italian				
		- White other				
			Black Caribbean			
Mixed		- White and Black African				
Inixed		- White and Asian				
		- Any other Mixed background				
		- Indian				
Asian or A		- Pakistani				
British	1	- Banglades				
		,	Asian background			
Black or Black						
	British - African					
Chinese						
Any other et	hnic bad	ckground				
Prefer not to	say					





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Emergency Contact Information

Please enter contact details in the order you wish them to be contacted in the event of an emergency;

Contact 1

Title	Mr	Mrs	Ms	Miss	Other (p	lease sp	pecify)	
Full Name								
Address if								
different from								
pupil address								
Contact 1 telepho	one nu	mbers				Tick pr	iority co	ntact number
Home							Relatio	nship to child
Mobile								
Work								
Email								
Additional								
information								
(if any)								

Contact 2

Title	Mr	Mrs	Ms	Miss	Other (p	lease sp	pecify)	
Full Name								
Address if different from pupil address								
Contact 2 telepho	one nu	mbers				Tick pr	iority co	ntact number
Home							Relatio	nship to child
Mobile								
Work								
Email								
Additional								
information								
(if any)								





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Contact 3 (optional)

Title	Mr	Mrs	Ms	Miss	Other (p	lease sp	pecify)	
Full Name						·	• /	
Address if								
different from								
pupil address								
Contact 3 telepho	ne nu	mbers:				Tick pr	iority co	ntact number
Home							Relatio	onship to child
Mobile								
Work								
Email								
Additional								
information								
(if any)								

Does your child have an Education, Health and	Yes	No	Statemented
Care plan (EHC)?			

Does your child have any Special Educational Needs?

No	Yes		Statemented					
If yes, please give details below and continue on a separate page if necessary:								
J	0			1 0	5			
NB Staff to inform SENDCO if yes is ticked so a meeting can be held regarding the child's needs.								
le vour child	aligible	fort	froe childeore for 2 year olde?	Vee 🗆				

Is your child eligible for free ch	Yes	No 🗆	
(Please see www.childcarechoices.gov.	uk for more information, and to apply.)		
If yes, please provide your	Eligibility Code:		
	National Insurance Number:		

How did you hear about St Mary's Pre-School?





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St. Mary's Catholic Primary School St. Vincent's Catholic Primary School Medical Information

Doctor's name							
Practice name							
Practice address			Telephone number				
Do you give permiss necessary?	sion for the school to contact	Doctor if	Yes 🗆	No			
Does your child have	e any HEALTH problems?	Yes 🗆	No 🗆				
If Yes, please give d need to be followed	letails (eg: Asthma; Allergy e if relevant:	tc.) and any e	mergency p	proced	ures that		
Do you give permiss necessary?	sion for the school to adminis	ter medicine i	f Yes 🗆	No			
Any other informatio aware of:	n relating to your child's heal	th that you fe	el the schoo	ol shou	ıld be		
Distant Nasala							
Dietary Needs (if any)							
Child's Dentist:							
Practice address and	d telephone number:						

I agree that the information given in this form is accurate and will endeavour to inform the school of any changes to the details given at the earliest opportunity.

Signature of parent/guardian _____

Print name

Date ____

Data Protection Act 1998

Please note that personal details supplied on this form will be held and/or computerised by St Mary's Catholic Primary School for Education purposes. The information will be disclosed and held by the Local Education Authority, the DfES (Department for Education and Skills), the QCA (Qualifications and Curriculum Authority) and the Connexions Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are outlined in the letter accompanying this form. Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.





