



*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

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 <input type="checkbox"/>	Female <input type="checkbox"/>
Home address, including postcode			

Email Addresses (to receive weekly newsletters etc):

Parent/Carer 1, Name:	Email:		
Parent/Carer 2, Name:	Email:		
Name of any related pupil currently at this school:			
Full Name		Relationship to above pupil	
Name of <b>PLAYGROUP</b> or <b>NURSERY</b> attended if relevant:			
Name of Playgroup/Nursery			
County			



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Religion		<b>Mother Tongue</b> (Language spoken at home)	English <input type="checkbox"/>	NOT English <input type="checkbox"/>
		<b>If not English, please state the home language here:</b>		
<b>Ethnic Group</b> (Please tick one of the boxes below)			<b>Court Orders</b>	
<b>White</b>	- British	<input type="checkbox"/>	Are any court orders applicable to your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	- Irish	<input type="checkbox"/>	If yes, please give further details below	
	- Traveller of Irish Heritage	<input type="checkbox"/>		
	- Gypsy/Roma	<input type="checkbox"/>		
	- Italian	<input type="checkbox"/>		
	- White other	<input type="checkbox"/>		
<b>Mixed</b>	- White and Black Caribbean	<input type="checkbox"/>		
	- White and Black African	<input type="checkbox"/>		
	- White and Asian	<input type="checkbox"/>		
	- Any other Mixed background	<input type="checkbox"/>		
<b>Asian or Asian British</b>	- Indian	<input type="checkbox"/>		
	- Pakistani	<input type="checkbox"/>		
	- Bangladeshi	<input type="checkbox"/>		
	- Any other Asian background	<input type="checkbox"/>		
<b>Black or Black British</b>	- Caribbean	<input type="checkbox"/>		
	- African	<input type="checkbox"/>		
<b>Chinese</b>		<input type="checkbox"/>		
<b>Any other ethnic background</b>		<input type="checkbox"/>		
<b>Prefer not to say</b>		<input type="checkbox"/>		



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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 (please specify)	
Full Name						
Address if different from pupil address						
<b>Contact 1 telephone numbers:</b>					Tick priority contact number	
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Additional information (if any)						

**Contact 2**

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
<b>Contact 2 telephone numbers</b>					Tick priority contact number	
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Additional information (if any)						



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**Contact 3 (optional)**

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
<b>Contact 3 telephone numbers:</b>					Tick priority contact number	
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Additional information (if any)						

**Contact 4 (optional)**

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
<b>Contact 4 telephone numbers:</b>					Tick priority contact number	
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Additional information (if any)						



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**Medical Information**

Doctor's name			
Practice name			
Practice address			Telephone number
Do you give permission for the school to contact Doctor if necessary?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Does your child have any HEALTH problems?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If Yes, please give details (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant:			
Do you give permission for the school to administer medicine if necessary?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Any other information relating to your child's health that you feel the school should be aware of:			
<b>Dietary Needs</b> (if any)			
Child's Dentist:			
Practice address and telephone number:			





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**Usual mode of travel to school (please tick relevant box)**

Walk <input type="checkbox"/>	Cycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Car Share* <input type="checkbox"/>	Taxi <input type="checkbox"/>	Train <input type="checkbox"/>	Other <input type="checkbox"/>
Public Service Bus <input type="checkbox"/>	School Bus <input type="checkbox"/>	Bus (type not known) <input type="checkbox"/>				

\* car share – where you collect a child from another household on your way to the school or your child is collected by a parent of another household on their way to school

Does your child have an Education, Health and Care plan (EHC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Statemented <input type="checkbox"/>
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**Does your child have any Special Educational Needs?**

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Statemented <input type="checkbox"/>
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If yes, please give details below and continue on a separate page if necessary:

NB Staff to inform SENDCO if yes is ticked so a meeting can be held regarding the child's needs.

Is your child eligible for free childcare for 2 year olds? (Please see <a href="http://www.childcarechoices.gov.uk">www.childcarechoices.gov.uk</a> for more information, and to apply.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide your	Eligibility Code:	
	National Insurance Number:	

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

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.



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