

**Application for admission to
St. Michael's and Our Lady's
Nursery by Our Lady's applicants**



PLEASE COMPLETE BOTH SECTIONS OF THIS FORM IN BLACK **

Section 1 – Child's details:

Child's first name: Surname:

Known as Date of Birth:.....

Boy / Girl

Parent/s or legal guardian/s whom the child lives:

Family name: Initial Title

Address:

.....
.....
.....

Postcode.....

Home telephone number:

Work telephone number:

Mobile telephone number:

Alternative contact details:

Family name: Initial Title

Address:

.....
.....
.....

Postcode.....

Home telephone number:

Work telephone number:

Mobile telephone number:

Section 2 – Priority reasons for admission:

Will there be a brother or sister attending Our Lady’s school at the proposed date of admission?

Yes / No

Name and year group:

Does your child have an Education Healthcare Plan?

Yes / No

If yes, please attach a copy

Is your child a ‘Looked After’ Child ?

Yes / No

Do you have a specific educational, medical or social reason for choosing this school?

Yes / No

(please attach a written explanation, or complete the section below)

If so, this can be considered if supported by an appropriate professional report.

Attached? Yes / No

Who is the report from?

.....

Are there any special factors that affect your child’s needs for a nursery place?

Yes / No

If so, what are they? (you do not have to complete this section if you do not want to. However, any information given may help your child obtain a place):

.....
.....
.....

(parents and carers should note that a place in the nursery does not give an automatic right to transfer to the reception class in the same school. You will need to make a new application).

I confirm that the above information is correct at the time of completing this form

Parents signature:

Date:

Section 3 Details of religion

Religion of child:(Please tick) Catholic Other Christian (name of denomination e.g Methodist) Other faith (name of religion e.g. Muslim)
Which Catholic Parish do you live in? (Please tick) Our Lady of Hal Other
Church where child was baptised and date of baptism

For School use only _____

Section 4: Decision

Place offered: Yes / No

If refused, state reason:

.....

FOR OFFICE USE:

Birth certificate checked: yes / no

Baptism certificate checked yes / no

Proof of address checked yes / no

**Please note – this application will be void if false information is given.
Proof may be required to support the application.**