

## **ALL SAINTS CATHOLIC PRIMARY SCHOOL**

## APPLICATION FOR ADMISSION TO NURSERY 0151 288 6420/6421

Full Name of Child			
Date of Birth			
Home Address(postcode esser	ntial)		
Full Name of Mother			
Address(postcode essential)			
Tel. No's. Home	Mobile	Work	
Full Name of Father			
Address(postcode essential)			
Tel.No's. Home	Mobile	Work	
Full name of Guardian (if a	oplicable)		
Date and Place of Baptism			
Name and Date of Birth of	any Brothers and Sister	s of Child	
Previous Playgroup(s) Attended			
Address			
Previous Nursery(ies) Atter	nded		
Address			
Any Health Problems Include	ding Allergies?		

During your child's stay in nursery/school you will be requested to complete permission slips for various events/educational programmes.

We are therefore requesting that you give consent for the following. These will be updated to your child's file and will ensure inclusion in these programmes in the event that we have not been able to obtain permission or contact you.

Parental consent for	(please tick)
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- Copyright
- Internet Access
- Photograph Student
- Sex Education
- Data Exchange
- School Visits
- Use of Plasters
- Use of Suncream
- School Website
- Publicity

Admission to our school nursery does not guarantee a place in reception class. In the event of over subscription our school's admission criteria will be used to determine admission.

Child's Name	
Signature of Parent	Date

## **FOR OFFICE USE ONLY**

Proof of Birth Certificate
Proof of Baptism
Date of Entry into School
Date of Entry into SIMMS
U.P.N.

<sup>\*</sup>Please note\*