

**CONFIDENTIAL**



**Caring, Sharing, Loving  
&  
Learning Together**



## **All Saints Catholic Primary School Nursery Application for Admission**



<b>Name of Child:</b>	<b>Address:</b> _____ _____
<b>Male ( ) Female ( ) Please tick</b>	<b>Post Code:</b> _____
<b>Home Telephone No:</b>	<b>Mobile No:</b>
<b>Date of Birth:</b>	<b>Emergency Contact Numbers:</b> 1. _____ 2. _____
<b>Name of Parent (s)/Guardian(s):</b>	<b>Address if different:</b> _____ _____
<b>Is the child Looked After? (LAC) or under social service. If yes, social workers name. _____</b>	<b>Post Code:</b> _____
<b>Any Medical Conditions:</b>	
<b>Doctor:</b> <b>Address:</b>  <b>Telephone No:</b>  <b>Control of bladder</b> Yes/No <b>Control of bowel</b> Yes/No	<b>Has your child been immunised against the following:</b>  <b>Measles/Mumps/Rubella</b> Yes/No <b>Tetanus</b> Yes/No
<b>Childs Religion:</b>  <b>Baptised/Christened</b> Yes/No	<b>Siblings currently attending All Saints Catholic Primary:</b> _____ _____
<b>Child's First Language:</b>  <b>Has your child recently arrived from outside the United Kingdom?</b> _____	<b>Child's Nationality:</b>  <b>Has your child got a statement of educational need or any other additional needs? If yes please provide further information.</b> _____ _____
<b>Child's Previous School:</b>	<b>Any Other Information:</b>

The Data Protection Law has changed for more information and access to privacy notices outlining how the school handles your personal data please see data protection section of the school website>  
<http://www.allsaintsreprimary.co.uk/data-protection/>

**For office use only:**

Evidence of residency- Birth certificate/passport

Date Received:

Baptism Certificate evidence:

Place offered

Date