Office Use Only	
B/C	
B/P	
N/A	

NURSERY APPLICATION FOR ADMISSION

DETAILS OF CHILD

Surname …… Forename …… Date of Birth ……..

Address ……

……

Postcode ……..…… Telephone number ……..……..

Mobile telephone numbers ……

Place of Baptism …… Date of Baptism ……..……..……

Names of brothers or sisters already attending St Marie's ……..……..……

……..……..

Previous Schools/Nursery attended ……..……..……

DETAILS OF PARENTS

Name of persons with whom the child lives	Relationship to Child

Name of others with Parental Responsibility	Relationship To child	Address	Telephone No.

MEDICAL INFORMATION

Name of family Doctor …… **Telephone No ……**	**Allergies ……** **Medication …….**
Please write any important health facts	
Does you child have special needs? **YES/NO** **If yes, please give brief description**	

EMERGENCY CONTACT NUMBERS (INCLUDING PARENT'S PLACE OF WORK)

Name	Relationship To child	Address	Telephone Number

Ethnic Origin	
Religion	
Nationality	
Mother Tongue	
Language spoken at home	

Signed …… Relationship to child ……..

Please complete this form and return it to St Marie's School together with a copy of your child's Birth Certificate and Certificate of Baptism