**Application for a Nursery Place September 2025**

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| **Child’s details**  |
| **Surname** |  |
| **Forename** |  | **Gender** |  |
| **Middle name** |  | **Date of birth** |  |
| **Current childcare** |  |

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| **Home address** |
| **Flat no / building name** |  |  |
| **Number / street** |  |  |
| **District** |  |
| **Town** |  | **Post code** |  |

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| **Contact details for parent/carer** |
| **Title: Mr/Mrs/Miss/Ms** |  | **Phone (day)** |  |
| **Surname** |  | **Phone (evening)** |  |
| **Forename** |  | **Phone (mobile)** |  |
| **Email address** |  |
| **Relationship to child** |  | **Do you have parental responsibility?** | **Yes / No** |

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| **Brothers or sisters who will be attending St Augustine’s School at the same time** |
| **Name:** |  | **DOB:** |  |
| **Name:** |  | **DOB:** |  |
| **Name:** |  | **DOB:** |  |

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| **Faith - Please enclose a copy of your child’s Baptism certificate and Supplementary Information Form (SIF)** |
| **Is your child a baptised Catholic?** | **Yes / No** | **Other faith please specify** |  |
| **Place of baptism** |  | **Baptism date** |  | **Certificate attached □****SIF attached□** |

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| **Additional information about your child** |
| **Does your child have an Education, Health and Care Plan (EHCP)?** | **Yes / No** |
| **Is your child “looked after” by a local authority (in care)?** | **Yes / No** |
| **Are you taking up part of your provision with another provider?****If yes, please give details** | **Yes / No** |

*If you have been offered provision elsewhere be sure to let everyone know where your child is going to attend.*

Please return this application form to the address below ensuring your child’s Baptism Certificate and SIF form are included, in order for your child to be ranked correctly against the Admissions criteria.