



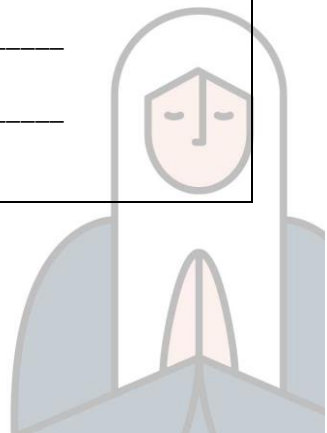
Head Teacher: Mrs A Sherratt

Tutbury Road,, Burton-on-Trent DE13 0AJ
 Tel: 01283 247560 Email: office@st-modwens.staffs.sch.uk
www.st-modwens.staffs.sch.uk

Declaration of interest for admission to Nursery

Please refer to the current admission policy on the school website.

Date of Birth: Please attach a copy of their birth certificate.	Please circle required starting session: September 2022 / January 2023 / Easter 2023 September 2023 / January 2024 / Easter 2024												
Legal surname:	Legal forename(s): Preferred forename(s):												
Religion: If your child has been baptised, please attach a copy of their baptism certificate.	Gender:												
Date of Baptism: Place of Baptism:	Parents of non-Catholic children are invited to include a letter attached to their application form stating why they desire a Catholic setting for their child. Please tick if you are attaching a letter with this form. <input type="checkbox"/>												
Current address: Postcode:													
Father's Name: Please provide the full name of person with parental responsibility Father's Date of Birth: Home telephone number: Mobile telephone number: Email address:	Mother's Name: Please provide the full name of person with parental responsibility Mother's Date of Birth: Home telephone number: Mobile telephone number: Email address:												
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Names of siblings and dates of birth</td> <td style="width: 10%; text-align: center;">___/___/___</td> <td style="width: 30%;">School name (if applicable)</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">___/___/___</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">___/___/___</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">___/___/___</td> <td>_____</td> </tr> </table>		Names of siblings and dates of birth	___/___/___	School name (if applicable)	_____	___/___/___	_____	_____	___/___/___	_____	_____	___/___/___	_____
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_____	___/___/___	_____											
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Current or previous nursery setting and address (if applicable):

Please advise on any additional educational, behavioural or medical needs that your child has (for example; referrals to outside agencies such as speech and language therapy, community paediatricians etc):

Please tick your preferred number of hours:

Free 15 Hours**

**Free 15 Hours Preference (please note your preference is not guaranteed – governor’s decision is final. Sessions are allocated based on availability and cannot be combined. It will be 5 x morning sessions or 5 x afternoon sessions)

(Select one option only)

Morning sessions **OR** Afternoon sessions

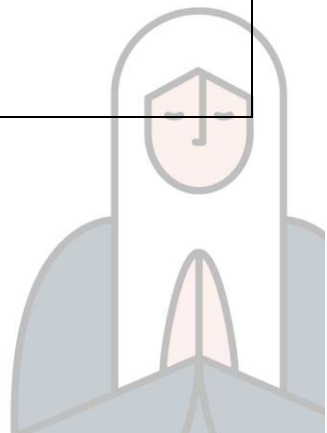
30 Hours (Eligibility Code Required)

Free 15 hours plus 15 additional hours (fee payable)

By making this declaration of interest for a place in St Modwen’s Catholic Primary School nursery:

1. I wish for my child to attend nursery in a Catholic Education setting.
2. I understand that the details on this form will be held on a Computer Based Retrieval System, which has been registered in accordance with the Data Protection Act.
3. I attach a copy of my child’s baptism certificate (if applicable) and birth certificate.

Signed: _____ Date: _____





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For School Use Only:

Date form received: _____

Baptism Certificate seen and copied:

Yes		No	
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Birth Certificate seen and copied:

Yes		No	
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Home address distance from school: _____

Date of Admissions Committee meeting: _____

Outcome:

Place offered? Y/N

Date parents informed ___/___/___

Pupil start date: ___/___/___

Class: _____

