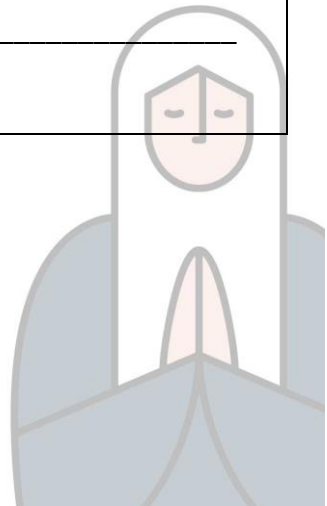




Declaration of interest for admission to Nursery

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

Date of Birth: Please attach a copy of their birth certificate.	Please circle year group for 2021-2022 2022-2023 2023-2024 2024-2025												
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. <input type="checkbox"/> Please tick if you are attaching a letter with this form.												
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: 50%;">Names of siblings and dates of birth</td> <td style="width: 10%;"></td> <td style="width: 40%;">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)	_____	_/_/_	_____	_____	_/_/_	_____	_____	_/_/_	_____
Names of siblings and dates of birth		School name (if applicable)											
_____	_/_/_	_____											
_____	_/_/_	_____											
_____	_/_/_	_____											



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



Current or previous nursery setting and address (if applicable):

E: office@st-modwens.staffs.sch.uk

T: 01283 247560

W: www.st-modwens.staffs.sch.uk

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
Afternoon

sessions
sessions

OR

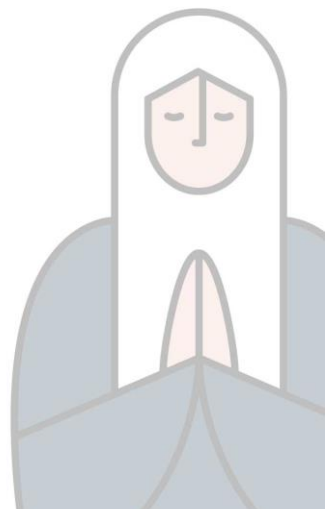
30 Hours (Eligibility Code Required)

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: _____





For School Use Only:

Date form received: _____

Baptism Certificate seen and copied:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Birth Certificate seen and copied:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Home address distance from school: _____

Date of Admissions Committee meeting: _____

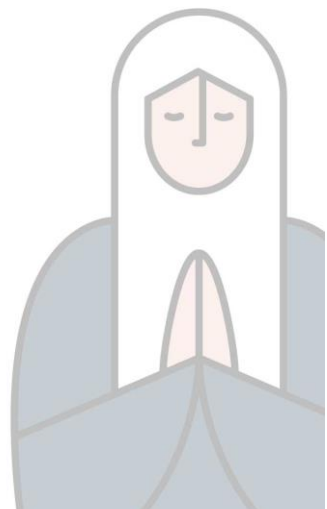
Outcome:

Place offered? Y/ N

Date parents informed ___/___/___

Pupil start date: ___/___/___

Class: _____



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