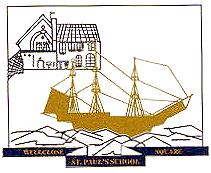
**ST PAUL’S WHITECHAPEL CE PRIMARY SCHOOL**

Application form Nursery

Child’s full name: …………………………………………………………. Date of Birth: ……………………………….

Address: ……………………………………………………………………………………… Post Code: ……………………..

Mother’s full name: ……………………………………. Father’s full name: ……………………………………….

Home telephone no: ……………………………………. Mobile no: ……………………………………………………

Religion:………………………………………….. Place of worship attended:……………………………………..

Is this child the first born? **Yes/No** If no, what is their position in the family: ……………………….

Gender: **Male/Female** Academic Year applying for: …………………… Class: ………………….  
  
Current/Previous School/Nursery or Children’s Centre ……………………………………………………

Please indicate which you would prefer: **Full time place/ Part time place**

Parental choice for full or part time palces in not guaranteed. Please refer to the admissions policy for how these places are allocated

Does the child have a sibling at this school? **Yes/No** If yes, please give the names of siblings:

Please indicate if you are a working parent: **Yes / No**

Before submitting this form please confirm that you have seen a copy of the school’s Admissions Policy **Yes/No**

I am the person with parental responsibility for the child named above and the information given is true. I understand that false or misleading information may result in the offer of a place being withdrawn.

Parent / carer’s signature ………………………………………… Date of application: ………………………….

Please return this application form to the school office with the following:

* Proof of the child’s date of birth:
* Original recent proof of address:
* Religious Certificate:
* Any other supporting documents

**ST. PAUL’S WHITECHAPEL CE.PRIMARY SCHOOL**

**Supplementary Information Form**

It is in an applicant’s interest, for applications under criteria 3,4,5 or 6 to complete this section of the form with a minister or other faith leader confirming the pattern of attendnace.

Place of Worship which the family attends:……………………………………………………………………………………..

Have you attended at least once a month for a period of a year: **Yes/No**

Please ask your minister or faith leader to complete this section

Name of Minister / Leader: ………………………………………………………………………………………..

Address of Minister / Leader: …………………………………………………………………………………….

…………………………………………………………………………………………………………………………………..

Telephone Number: ………………………………………………………………………………………………….

I support this application for a place at St Paul’s CE Primary School and can confirm that the family has attended this place of worship at least once a month for a period of a year.

Name: …………………………………………………………………………………………………………………

Signed: ……………………………………………………………………………………………………………….

Official Title: ……………………………………………………………………………………………………….

…………………………………………………….

Official Stamp: