



All Saints Roman Catholic Primary School

Green Lane East, Sowerby, Thirsk YO7 1NB. Tel 01845 523058
 admin@allsaints.n-yorks.sch.uk

Nursery Application Form

Please complete this form and return to school.

This form is **ONLY** for Nursery places. A place in nursery does not mean your child will have a place in school and a separate Admissions Form must be completed if you wish your child to be considered for a place at All Saints Roman Catholic Primary School for years Reception to Year 6.

| | | | | |
|--|----------------|-----------------|--|------------------|
| Child's Surname | | | Date of Birth | |
| Child's Christian Names | | | | |
| Child's Address | | | | |
| | | | Postcode | |
| Child's place of Baptism | | | Was the Child Baptised in a Catholic Church? (Please supply a copy of your Child's Baptism Certificate) | YES/NO |
| Mode of Transport (please circle one) | Walk | Car/Van | Bus | Taxi |
| | | | | |
| Previous School/Nursery | | | Siblings in Family | |
| Sessions Requested | MON am / pm | TUES am / pm | WEDS am / pm | THURS am / pm |
| | | | | FRI am / pm |

| | | | |
|---------------------------------------|--|--|--|
| Full name of Parent/Guardian 1 | | Emergency Contacts – please provide details of a relative/friend who can be contacted if parents are unobtainable | |
| Relationship to Child | | 1 - Name | |
| Address | | Relationship to Child | |
| Home Telephone No. | | Address | |
| Work Telephone No. | | Home Telephone No. | |
| Mobile | | Work Telephone No. | |
| Email Address | | Mobile | |
| Full name of Parent/Guardian 2 | | 2 - Name | |
| Relationship to Child | | Relationship To Child | |
| Address | | Address | |
| Home Telephone No. | | Home Telephone No. | |
| Work Telephone No. | | Work Telephone No. | |
| Email Address | | Email Address | |

| | | |
|--|--|--|
| Doctor's Name | | Is there any other information which will help us to get to know and understand your child? |
| Surgery Address | | |
| Surgery Telephone No. | | |
| Date of last Tetanus | | |
| Relevant Information (ie: Allergies, Hearing etc) | | |
| Signed | | Date |
| | | |