



**Application for admission to  
St. Michael's and Our Lady's  
Nursery by St Michael's applicants**

PLEASE COMPLETE BOTH SECTIONS OF THIS FORM IN BLACK \*\*

**Section 1 – Child's details:**

Child's first name: ..... Surname: .....

Known as ..... Date of Birth:.....

Boy / Girl

**Parent/s or legal guardian/s whom the child lives:**

Family name: ..... Initial ..... Title .....

Address:

.....  
.....  
.....

Postcode.....

Home telephone number: .....

Work telephone number: .....

Mobile telephone number: .....

**Alternative contact details:**

Family name: ..... Initial ..... Title .....

Address:

.....  
.....  
.....

Postcode.....

Home telephone number: .....

Work telephone number: .....

Mobile telephone number: .....

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**Section 2 – Priority reasons for admission:**

**Does your child have an Education Health Care Plan?**

Yes / No

If yes, please attach a copy

**Will there be a brother or sister attending St Michael's school at the proposed date of admission?**

Yes / No

Name/s: .....  
.....

**Is your child a 'Looked After child'?**

Yes

No

**Do you have a specific educational, medical or social reason for choosing this school? Yes / No**

(please attach a written explanation, or complete the section below)

If so, this can be considered if supported by an appropriate professional report.

Attached? Yes / No

Who is the report from?

.....

**Are there any special factors that affect your child's needs for a nursery place? Yes / No**

If so, what are they? (you do not have to complete this section if you do not want to. However, any information given may help your child obtain a place):

.....  
.....  
.....

**(parents and carers should note that a place in the nursery does not give an automatic right to transfer to the reception class in the same school. You will need to make a new application).**

I confirm that the above information is correct at the time of completing this form

Parents signature: .....

Date: .....

**Section 3-Priest / Minister's section ( please only complete if you are applying for a Foundation place)**

**Place of Worship**

<b>Name, address and denomination of Christian Church (see Note b)</b>	<b>Religion</b>

**Priest / Minister's Section**

**Please note that this section of the form must be completed by a priest / minister who is able to do so from personal knowledge of the applicant and family concerned.**

<b>Priest / Minister's name and address</b>	
<b>Telephone number</b>	
<b>1. Please tell us how long you have known the applicant and his / her family.</b>	
<b>2. What is the normal pattern of attendance of this family and its members at their place of worship? (Please note, we cannot consider applications fully under criteria 1 without detailed information).</b>	
<b>3. For how long has this family and its members been attending?</b>	
<b>Signed</b>	<b>Date</b>

For School use only \_\_\_\_\_

**Section 4: Decision**

Place offered: Yes / No

If refused, state reason:

.....

**FOR OFFICE USE:**

Birth certificate checked: yes / no

Baptism certificate checked yes / no

Proof of address checked yes / no

**Please note – this application will be void if false information is given.  
Proof may be required to support the application.**