



**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:

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

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

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.

Priest / Minister's name and address	
Telephone number	
1. Please tell us how long you have known the applicant and his / her family.	
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).	
3. For how long has this family and its members been attending?	
Signed	Date

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.**