

St Joseph's Catholic Primary School

Nursery Application

Child's Details

Surname:	Legal Surname:				
Forename:	Middle name:				
Chosen name:	Gender:				
Date of Birth:	Year:				
Address:	,				
Post Code:					
Telephone:					
Email:					
	Danaut / Course Dataile				
Parent / Carer Details					
Name:	Address:				
	Tel:				
Relationship:	Mobile:				
	Work: Email:				
Name:	Address:				
	Tel:				
Relationship:	Mobile:				
	Work: Email:				
	Linear				
Please detail any court orders appl your child	lying to				
(Ward of Court, Legal Rights of A	ccess,				
adopted)					
Does your child have any siblings a					
registered with us? If yes, please p their name and date of birth					
then hame and date of birth	•				

Ethnic & Cultural

Ethnicity:		Religion:				
Home Language:		First Language:				
Country of Birth:		Nationality:				
Nursery Session Preference						
Please indicate your preferred Nursery session. We try where possible to give parents their preferred choice; however, we cannot guarantee this. Please tick						
Morning 8.30am-11.30am						
Afternoon 12.30pm-3.30pm						
30 Hours if you are entitl	30 Hours if you are entitled to Government Funding 8.30am-2.30pm					
Travel arrangements (Please Tick One)						
Walk	Car	Public Transport	Taxi			
	L	I	l			
Please list here any further information you need to make us aware of:						
The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR) The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education						
Signature:		Date:				
Print Name						

Please return to the school office, along with the child's Birth Certificate, Baptism Certificate (if Catholic) and Utility Bill dated within the last 3 months.