GREAT CROSBY CATHOLIC PRIMARY SCHOOL

APPLICATION FOR ADMISSION TO NURSERY YEAR PRIORITY (office use only) Please tick your preference			
		15 hr beginning of week	
			30 hr place
15 hr end of week			
Surname of child	Date of Birth		
Forename(s) of child	Sex M/F		
Name by which child is known _			
Address	Post Code		
Home Telephone Number			
Name of Mother	NI number D.O.B		
Mobile number	Email address		
Name of Father	NI number D.O.B		
Mobile number	Email address		
Documents Required For Applic	ation		
1.Birth Certificate produced	(Yes/No)		
2.Baptismal Certificate produced	(Yes/No)		
3. Proof of residency (Current utility	/ bill) produced (Yes/No)		
For children of other Faiths	(Faith)		
Letter of confirmation from appropr	riate Minister produced (Yes/No)		
(A copy of the Birth Certificate mu be required)	st be produced and Letter of confirmation from appropriate minister may		
Other children already in Great (Crosby Yes/No		
Name/Class			
Name/Class			

Name/Class

Pre-school experience for children entering Nursery classes (Playgroup/Nursery/Kindergarten)

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Signed

Date form received in office

Our school aims to ensure that all personal data collected about staff, pupils, parents, governors, visitors and other individuals is collected, stored and processed in accordance with the <u>General Data Protection</u> <u>Regulation (GDPR)</u> and the Data Protection Act 2018. This policy applies to all personal data, regardless of whether it is in paper or electronic format.