

St Mary's Catholic Primary School

For office use:

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Website: www.st-marys.hillingdon.sch.uk Headteacher: Miss Ann Shevlin B.A. (Hons.) • Chair of Governors: Mrs Maureen Thorpe

APPLICATION FOR NURSERY ADMISSION

	Boundary check: Birth Certificate: Baptism Certificate:
	Certificate of Catholic Practice:
FAMILY SURNAME:	Proof of address 1:
	Proof of Address 2:
MOTHER'S/CARERS NAME:	
MOTHER'S RELIGION:	
ADDRESS:	
	POST CODE:
HOME TELEPHONE No:	
WORK/MOBILE TELEPHONE No:	
EMAIL ADDRESS:	
CHURCH ATTENDED:	
FATHER'S/CARERS NAME:	
FATHER'S RELIGION:	
ADDRESS:	
	POST CODE:
HOME TELEPHONE No:	
WORK/MOBILE TELEPHONE No:	
CHURCH ATTENDED:	
CHILD'S DETAILS:	
FULL NAME:	
D.O.B.: RELIGION:	Baptised: YES/NO
BAPTISED AT:	



















I/we* would like my/our* child to be considered for admin which he/she* reaches their 3 rd birthday.	nission to the Nursery in the academic year YES/NO	
I acknowledge that the offer of a nursery place is <u>not a guarantee</u> of full-time admission for Upper Early Years (Reception) class children. I have read and agreed to the Admissions Criteria as laid out in the Admissions Policy attached to this application form. YES/NO		
Date:		
If siblings in the school please provide names, dates of bir		
If there is any important medical or family reason to suppo	ort your application, please state:	
Please state if preference is required for:		
AM PM No pre	ference 30 Hrs	
The completed form should be returned to the Headteach child's Birth Certificate, Baptismal Certificate, Certificate, and proof of address for the parents/care Medical Card, Child Benefit Notice or Tax Credit Notice	ficate of Catholic Practice (if not already rs and proof of address for the child (i.e.	
For nursery admission, we will need an updated reference of the expected date of admission into the school.	nce from the priest dated within 12 months	
For office use only: Nursery Admission: Yes/N	To Date:	