

**ST RAPHAEL'S RC PRIMARY SCHOOL
NURSERY APPLICATION FORM**

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO THE SCHOOL OFFICE;

Child's Name: _____ Date of Birth (dd/mm/yy): _____

Address: _____

Home Telephone: _____ Mobile: _____

Emergency Contact: _____ Telephone: _____

Mother's Name: _____ Father Name: _____

Person holding parental responsibility: _____

Mother's Occupation: _____ Place of Work: _____

Father's Occupation: _____ Place of Work: _____

Name of Doctor: _____

General Health: _____

Please let us know of any health concerns which school would need to be made aware of e.g. dietary, allergies, speech, sight etc:

Immunisation against tetanus: _____ Date: _____

Other children in the family, with ages in brackets: _____

Is your child Roman Catholic: Yes No

Is your child baptised roman catholic: Yes No

If yes, date and place of baptism: _____

Current parish: _____

If no, is your child a baptised Christian of another denomination: _____

Previous Playgroup or School: _____

Any other information school need to be made aware of in relation to your child:

ETHNIC MONITORING;

I WOULD DESCRIBE MY CHILD'S ETHNIC GROUP AS;

White	British	.....	Black	Caribbean	.....
	Other (please state)	.....		African	.....
				Other (please state)	.....
Mixed	White & Black Caribbean	.....		
	White & Black African	.....	Chinese		.....
	White & Asian	.....		
	Other (please state)	.....	Any Other	Please State	.....
Asian	Indian	.....		
	Pakistani	.....		
	Bangladeshi	.....		
	Other (please state)	.....		

TRANSPORT MONITORING;

HOW WILL YOU BE TRAVELLING TO SCHOOL;

Walk: Car: Car-Share: Bus:

Please return your completed form either in person or by post to;

School Office
St Raphael's RC Primary School
Huddersfield Road
Millbrook
Stalybridge
SK15 3JL

Should you wish to enquire about your application please contact the school on 0161 338 4095 or by email to admin@st-raphaels.tameside.sch.uk.

SCHOOL USE ONLY:

Date Application Received:	.....	Received by:	.....
Date of Admission to Nursery:	.....	Admission Number:	.....
Birth Certificate Checked:	.....	Copy Taken:	.....
Baptismal Certificate Checked:	.....	Copy Taken:	.....