



St. George's Roman Catholic Primary School York

# ADMISSION FORM for School and Nursery



## Child's Details:

LIPN: [for office use]		Admission No:	
Child's surname:		Child's forename:	
Middle name(s)		Chosen name (s)	
DOB		M/F	
Address			
Postcode:			
☎ Home:	Mobile:	e-mail address:	
Any brothers or sisters (please give name/s and date/s of birth)			

## CHILD'S BAPTISM:

Date of Baptism:	Name and Address of Church where Baptised:	[Please provide certificate] <i>Date seen</i>
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## OTHER INFORMATION FOR CHILD:

Ethnic Origin:	Home Language:	Is English spoken as an additional language?  Y / N	Religion: (RC / CofE / Meth / other please state)
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**We fully support the Catholic ethos of St. George's School and are equally committed to our child's participation in worship and prayer.**



*Please be advised that entry into the nursery does not guarantee a place in our Reception class.*

Please give full details of all persons who have *parental responsibility* and anyone else you wish to be contacted in an emergency, in order of priority:



**PARENTS' DETAILS:**

MOTHER'S Surname TITLE (Mrs/Miss/Ms/Dr)	Forename	FATHER'S Surname TITLE (Mr/Dr)	Forename
	Religion		Religion
Address (if different from above)		Address (if different from above)	
Work place and phone number		Work place and phone number	

**OTHER CONTACTS 1**

Surname	Forename		
Title	M/F	Relationship to Child:	
Address			
Post code		Parental Responsibility? YES/NO	
Work/daytime phone number and details:			
 .....			


**OTHER CONTACTS 2**

Surname	Forename		
Title	M/F	Relationship to Child:	
Address			
Post code		Parental Responsibility? YES/NO	
Work/daytime phone number and details:			
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**PREVIOUS SCHOOL/S: (Please include Nursery)**

Name and address of any previous school/s: <i>(Please also include name of Head Teacher)</i>			
NAME, ADDRESS & TELEPHONE NO. OF SCHOOL (please include name of Head Teacher)	DATE OF ARRIVAL	DATE OF LEAVING	NUMBER OF TERMS ATTENDED

**CHILD'S MEDICAL DETAILS:**

Doctor's name and surgery address:		
Medical Information of which we should be aware: (Please give <u>specific</u> details of any medication required in school, including name, dosage and frequency) Please include details of any known allergy		
⇒ In the event of your child falling in the playground and requiring a plaster, do you give your permission for us to do so?    YES / NO		

SIGNED: .....  
PARENT/GUARDIAN

DATE: .....