

Our Lady of the Visitation Catholic Primary School

APPLICATION FORM FOR PUPIL ADMISSION INTO THE NURSERY

** please refer to the Guidance Notes when completing this form **

PART 1: PERSONAL DETAILS

A. FULL NAME(S) OF PARENT(S) / GUARDIAN(S) HAVING ACTUAL CUSTODY:		
Title	Surname	First Name(s)
Title	Surname	First Name(s)
Full Address		
Postcode		Daytime Telephone Number
Your Present Parish		
Church that you regularly attend		
Your Last Parish (if applicable)		

Please indicate your preference: Morning Place () Afternoon Place () No Preference ()

B. FILL IN A SEPARATE BOX FOR EACH CHILD FOR WHOM YOU ARE APPLYING FOR ADMISSION. A SEPARATE FORM SHOULD BE COMPLETED FOR EACH CHILD
Surname
First Name(s)
Date of Birth (Please provide proof of your child's date of birth)
Date of Baptism

C. DETAILS OF BROTHERS / SISTERS WHO ARE ATTENDING OUR LADY OF THE VISITATION CATHOLIC PRIMARY SCHOOL AND ARE IN RECEPTION TO YEAR 6 AT THE TIME OF ADMISSION	
Name	Name
Name of Class Teacher:	Name of Class Teacher:

PLEASE LEAVE THIS SECTION BLANK – FOR OFFICE USE ONLY	
Proof of Name and Residence Seen x 2: Yes [] No [] Please detail:	Proof of Birth Seen: Yes [] No [] Baptism Certificate Seen: Yes [] No []
Please ensure Parent / Guardian has entered location of home address on map with red cross	
Practising Catholics: Yes [] No [] Resident within OLOV Parish: Yes [] No []	Secondary Factors: Need []
CRITERIA [] assessed by (please initial) and date:	OFFER PLACE: YES [] am () pm () NO []

Parents' Declaration

I declare that the information given on this Form is true.

Signature _____ (Parent/Guardian) Date _____