**St. Edmund’s Catholic Primary School and Nursery**



**NURSERY APPLICATION FORM 2025/2026**

***Please use capital letters***

|  |  |
| --- | --- |
| **Child’s Surname** |  |
| **Child’s Christian / Forenames** |  |
| **Date of Birth** |  |
| **Denominational Status**  (*E.g.Catholic, Anglican)* |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Address Line 3** |  |
| **Address Line 4** |  |
| **Postcode** |  |

*This address must be where the child lives for 50% or more of the school week. The address of another relative or a temporary address is NOT acceptable. Any attempt to mislead the school may result in the withdrawal of an offer of a place. This is the address to which correspondence will be sent.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Parent/Guardian** | **Parent/Guardian** | |
| **Title** (Mr, Mrs, Miss, Ms, etc.) |  |  | |
| **Surname** |  |  | |
| **Christian / Forename** |  |  | |
| **Telephone number(s)** |  |  | |
| **Email address – Please print clearly** |  |  | |
| **Denominational status** |  |  | |
| **If attaching a non UK Baptismal Certificate, please name the Diocese & Parish:** | | | |
| Are there any exceptional educational, medical, social or pastoral needs that can most appropriately be met at St. Edmund’s Catholic Nursery? | | | YES / NO |
| Are there any disability or medical conditions that prevent the child being toilet trained? | | | YES / NO |
| If YES please provide supporting documentation from an educational psychologist doctor, social worker or priest. | | |  |

|  |  |  |
| --- | --- | --- |
| **Is the child a “looked after” child or child who has been adopted (or made subject to child arrangements order or special guardianship orders) immediately following having been “looked after”?**  **If YES please provide supporting documentation.** | **YES / NO** | |
| **Will the child have any brother(s) or sister(s) at St. Edmund’s School at the date of this application?** | **YES / NO** | |
| **If YES, please give name(s) and *Current* class(es), or “Applied for Reception”:** | | |
| **Is the child’s Baptism Certificate or Certificate of Reception dated one year or more after the child’s birth date due to the parent(s) Reception into the Catholic Church?**  **If YES please supply the parent(s) Certificate of Reception** | | **YES / NO** |
| **Is either parent a member of staff employed at the school for two or more years at the time of application?**  **If YES please give name of member of staff.** | | **YES / NO** |

Please state your first and second choice preferences by writing your choice next to the option below:

Morning 8.45am – 11.45am

Afternoon 12.15pm – 3.15pm

School day place 8.45am – 3.15pm \*

\* Extended Funding / Self Funded (please delete as appropriate)

I confirm that I have read and understood the Nursery Admissions Policy and that the information I have provided on this form is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate then the Governors may withdraw any offer of a place even if the child has already started in the Nursery.

Signature of Parent or Guardian: Date:

Please return this form to reach the school as early as possible and no later than 3rd March 2025.

If you wish your child to be considered as a practicing Catholic and be eligible under Categories 2, 3 or 4 of the oversubscription criteria this form must be accompanied with your child’s Baptismal Certificate.

N.B. You must include proof of address, e.g. utility bill which is not more than 6 months old, and your child’s passport or birth certificate.

***The completion and return of this form to the School does not guarantee the offer of a place to your child.***

ALL documents for admissions can be obtained from the school office or from the school website at:

<http://www.st-edmunds.richmond.sch.uk/admissions.html>

=========================================================================================================

***For office use only:***

|  |  |
| --- | --- |
| **Date Application Form received by School:** |  |
| **Baptismal Certificate attached:** |  |
| **Proof of address supplied:** |  |
| **Copy of Child’s Birth Certificate/Passport:** |  |
| **“Needs” Documentation attached:** |  |
| **Parents Certificate of Reception attached:** |  |