ST. JAMES' CE PRIMARY SCHOOL

NURSERY APPLICATION FORM

Child's Surname	Child's First Name
Date of birth	**Male/Female**
Parent(s) name	

Home Address	Phone Number
	Mobile Number
Post Code	

Email Address	

Do parent(s) attend Church
Under which Church Criteria are you applying (Please refer to the Admission Criteria Sheet)

The responsibility lies with the parent(s) to make sure all the relevant information is correct, and to ensure that they have seen the latest Criteria for Admissions.

Signed: Parent/Guardian	Date