



Year 2 & Junior Site:

Newstead Road,

Lee,

London

SE12 0SJ

Tel: 0208 857 8792

Early Years Site:

103 Effingham Road,

Lee,

London

SE12 8NS

Tel: 0208 852 0187

 Deputy: Mrs Michelle Carey Deputy: Ms Sheelagh Campbell

Headteacher: Miss Margaret Hanrahan

Email: admin@swcps.lewisham.sch.uk Web site: http://www.swcps.lewisham.sch.uk

**APPLICATION FOR NURSERY ADMISSION**

All sections of this Application Form and the Supplementary Form provided must be completed before the application can be considered by the Governors. Parents/Carers are responsible for ensuring this form is returned to the school office at St Winifred’s Catholic Primary School **by 6th March**.

Child’s surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Christian name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male/Female

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full names of parents/carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Child’s baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church of baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate the number of hours you would like your child to attend our nursery each week:**

**15 hours**

**30 hours** I will be entitled to 30 hours of free child care

**30 hours** I will not be entitled to additional free child care but would like to pay for additional hours at a cost of

 £4.95 per hour

Are there any exceptional social/medical/pastoral/other circumstances? If yes, please give details.

**I/We have received a copy of the Nursery School Admission Policy. I/We realise that completion of this Application Form does not secure my child a place in the Nursery. I/We understand that the Governing Body will only consider this application once returned to the school with copies of my child’s Baptismal Certificate and the completed Supplementary Form. I/We understand that there is no automatic right of transfer from the Nursery at St Winifred’s to Reception at St Winifred’s.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COLLECT AN ACKNOWLEDGEMENT RECEIPT FROM THE OFFICE FOR THESE DOCUMENTS**