**Nursery through to Year 6**

**Newstead Road,**

**Lee,**

**London**

**SE12 0SJ**

**Tel: 0208 857 8792**

Headteacher: Miss Margaret Hanrahan  
  
Deputy: Ms Sheelagh Campbell  
Deputy: Mrs Michelle Carey  
Email: [admin@swcps.lewisham.sch.uk](mailto:admin@swcps.lewisham.sch.uk)  
Web site: <http://www.swcps.lewisham.sch.uk>



**Committed to Safeguarding**

**NURSERY REGISTRATION FORM**

Child’s surname: ..…………………………………………………………….………..

Child’s first name(s): ……………………………………………………………………

Date of birth: ……………………………………… Gender: Male/Female

Address: ………………………………………………………………………………………….. In parish

Out of parish

Postcode: ……………… Daytime telephone number: …………………………….

Religion of child …………………………………………….

Date of Baptism [if applicable] ……………………………………….

**I UNDERSTAND THAT MY CHILD’S NAME HAS BEEN REGISTERED. I UNDERSTAND THAT I WILL STILL NEED TO FILL IN AN APPLICATION FORM FOR A NURSERY PLACE. THE FORM MUST BE SUBMITTED BY 1ST MARCH.**

Signed ………………………………………………………...(Parent / Carer)

Date …………………………………….

**THE SCHOOL’S ADMISSIONS POLICY CAN BE VIEWED AT: www.swcps.lewisham.sch.uk**

*Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES.*

-------------------------------------------------------------------------------------------------------------------------------------------------------------

To be completed by the school In parish

Out of parish

**ST WINIFRED’S CATHOLIC PRIMARY SCHOOL**

**ACKNOWLEDGEMENT OF REGISTRATION FOR NURSERY**

Child’s name ………………………………………….…Date of birth ……………

Signed …………………………………… (on behalf of the school) Date ……………………..

You will be sent a nursery application form early in February …………., which will need to be returned to school by 1st March.