**Nursery through to Year 6**

**Newstead Road,**

**Lee,**

**London**

**SE12 0SJ**

**Tel: 0208 857 8792**

Headteacher: Ms Claire Gillespie  
Deputy: Mrs Michelle Carey  
Assistant Headteacher: Ms Annette Gordon  
Email: [admin@swcps.lewisham.sch.uk](mailto:admin@swcps.lewisham.sch.uk)  
Web site: <http://www.swcps.lewisham.sch.uk>



**Committed to Safeguarding**

**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 **15th April**.

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

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

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

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Eligibility Code: ………………………………….

**30 hours** I will **not** be entitled to additional free child care but would be interested in paying for additional hours

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

**I/We have received/accessed 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 there is no automatic right of transfer from the Nursery at St Winifred’s to Reception at St Winifred’s.**

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