



ST PATRICK'S CATHOLIC VOLUNTARY ACADEMY

Tel: 0115 9152961

Email: admin@st-patricks.nottingham.sch.uk

Website: www.st-patricks.nottingham.sch.uk

Received in office

FOUNDATION STAGE 1 APPLICATION FORM

Child's full name: _____ Boy/Girl: _____

Date of Birth: _____ Languages spoken at home: _____

Full Address _____

Postcode: _____ Telephone Number: _____ Mobile Phone Number: _____
Email address: _____

Details regarding children who have already been Christened/Baptised:
Name of the Church:
Address of the Church:
Date of the Baptism:

ALL APPLICATIONS MUST BE SUPPORTED BY COPIES OF BIRTH CERTIFICATES, AND ALSO, WHERE APPROPRIATE, BAPTISM/NAMING CERTIFICATES.

Mother	Father
Full Name	Full Name
Occupation	Occupation
Religion	Religion
Ethnicity	Ethnicity

Names of any other children in the Family	
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

Pre – School experience _____ Health Centre details _____

Please state any medical conditions that your child has which school needs to be aware of.

ETHNICALLY BASED STATISTICS

This information is required by the Department for Education and is for equality monitoring purposes only.

The categories used are specified by the DFE (Please tick)

Code	Description	Tick	Code	Description	Tick
ABA	Bangladeshi		MWA	White/Asian	
AIN	Indian		MWB	White/black Caribbean	
APK	Pakistani		MOT	Any other Mixed background	
CHE	Chinese		WHB	White British	
AAO	Any other Asian background		WHR	White Irish	
BLB	Black Caribbean		WHT	White Traveller – Irish heritage	
BLF	Black African		WRO	White Gypsy/Roma	
BLG	Any other Black background		WHA	Any other White background	
MBA	White/Black African		OEO	Any other ethnic group	

Please tick which sessions you would like for your child.
I would prefer the following sessions for my child.

**Morning
only
session**

**Full Time
30 hours**

Parents statement:

We understand that our child will receive a full Catholic Education that in addition to the Foundation Stage Curriculum for the Early Years, includes Religious Education, Holy Mass, Services, Assemblies and Prayers. (We encourage all children to participate in the above but accept that Parents may wish to request that their child be withdrawn. If this is the case, parents should make it known to school in writing)

We have received all relevant information and guidance about the school, including the address of the school website.

We agree to support and work with the school in the education of our child.

Signed.....Print Name.....Date.....

SCHOOL USE ONLY

Morning	Full Time	First Admission date	S.E.N	EAL First Language	Sibling already in school	Looked After Child