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| Child’s details  |
| Surname |  |
| Forename |  | Gender |  |
| Middle name |  | Date of birth |  |
| Current childcare |  |

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| Home address |
| Flat no / building name |  |  |
| Number / street |  |  |
| District |  |
| Town |  | Post code |  |

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| Contact details for parent/carer |
| Title: Mr/Mrs/Miss/Ms |  | Phone (day) |  |
| Surname |  | Phone (evening) |  |
| Forename |  | Phone (mobile) |  |
| Email address |  |
| Relationship to child |  | Do you have parental responsibility? | **Yes / No** |

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| Brothers or sisters who will be attending at the same time |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |

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| Additional information about your child |
| Does your child have an education, health and care plan? | Yes / No |
| Is your child “looked after” by a local authority (in care)? | **Yes / No** |
| Are you taking up part of your provision with another provider?If yes, please give details | **Yes / No** |

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| Faith |
| Please attach a copy of baptism certificate or a letter from your priest confirming that your child is baptised, if applicable. |
| Is your child baptised? | Yes / No | If yes, which denomination? |  |
| Place of baptism |  | Baptism date |  | Certificate attached□ |

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| **Proof of Home address** |
| Please provide evidence of your home address ie Council Tax Bill | Attached □ |

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| **Proof of Date of Birth** |
| Please provide a copy of your child’s Birth certificate | Attached □ |

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| **Funding of Nursery provision** |
| Are you entitled to ’30’ hours extended entitlement? | **Yes / No** |

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| **Please return this application form and supporting documentation to:** The School Office – office@st-andrews.solihull.sch.ukSt Andrew’s Catholic Primary SchoolWindrush Close, Solihull, B92 8QL |