

329 Lewisham High Street, London, SE13 6NX Telephone: 020 8690 2613 Email: <u>admin@st-marys.lewisham.sch.uk</u>



## "Personal Development at St Mary's is Outstanding" - Ofsted Dec 2021

Our Vision

To be a learning community that promotes the unique gifts, wellbeing and potential of every person. Our work is founded on the life and teaching of Jesus Christ, building on His message of equality, peace and justice, guided by His words 'As I have loved you, so you must love one another' (John 13:34).

## **Nursery Application form** This form should be returned to the School Office along with any additional information as requested. **SECTION 1** Child's Details **Full Legal Name** Preferred first name Preferred surname Date of birth Gender (mark box) Male Female Full address including postcode Afternoons **Full time** Mornings **Place requested** (08.30 - 11.30)(12.30 - 15.30)(30 hours) Siblings at the school If not UK, please state the country of birth, date arrived in the UK and (if different) the Nationality country which issued your child's passport: Language(s) spoken at home Religion **School History** Previous school name and address Start Date End Date















Please circle Yes or No to the following questions:

If you answered yes to any of the above, more information will be required - including full details of social workers and/or a copy of the guardianship order.

| Does your child have an EHCP of Special Educational Needs?          | Yes | No |
|---|-----|----|
| Is your child in public care?                                       | Yes | No |
| Is your child subject to a residence or special guardianship order? | Yes | No |
| Is your child a Looked After Child or Adopted?                      | Yes | No |

| SECTION 2                                    | Details of parent(s) / carer(s) who live with child |        |  |
|--|---|--------|--|
| Title  |   |        |  |
| Full name                                    |   |        |  |
| Relationship to child                        |   |        |  |
| Contact numbers                              | Mobile  | Mobile |  |
|  | Work  | Work   |  |
|  | Home  | Home   |  |
| Email address                                |   |        |  |
| Do you have parental<br>responsibility (Y/N) |   |        |  |

| CHECKLIST: (Please tick accordingly)  | ✓          | OFFICE USE ONLY  |
|---|------------|------------------|
| I have completed all sections of the form   |            | Checked          |
| I am applying for a foundation (Church) place and I have attached a supplementary information form to support my application  |            | Checked          |
| If my child has special educational needs, I attach a statement or an Education Health Care Plan  |            | Checked          |
| I attach a copy of child's full birth certificate   |            | Checked          |
| Copy of Parent /Carer's passport (who has responsibility for the child)   |            | Checked          |
| Copy of Council Tax bill  |            | Checked          |
| Copy of recent (3 months) utility bill  |            | Checked          |
| Declaration and signature of parent / carer: I certify that I have parents<br>responsibility for the child named on this form, and that the information<br>to the best of my knowledge. I understand and accept that if I have give<br>deliberately misleading information on this form and / or any attached | Signature: |                  |
| supporting papers or withheld any relevant information, the offer of the place may be withdrawn.  | e school   | Date:            |
| Print name Sign   |            | Print name here: |
| Relationship to child Date  |            |                  |













