

NURSERY ADMISSION

**BEESTON ST FRANCIS OF ASSISI CATHOLIC PRIMARY SCHOOL
LADY PIT LANE, BEESTON, LEEDS LS11 6RX Tel: 0113 2700978**

A VOLUNTARY AIDED CATHOLIC SCHOOL

The school to which you are applying is a voluntary aided Catholic school. The school is designated as a school with a religious character and as such is permitted to give priority to applicants who are of the faith of the school.

The governing body has responsibility for admissions to the school. In order to apply the school's oversubscription criteria the governing body requires additional information that is not collected on the local authority's Common Application Form.

1. Child's personal details

| | |
|--|--------|
| Child's legal surname | |
| Child's legal forename | |
| Date of birth | |
| Male or Female | |
| Child's permanent address including postcode | |
| Primary contact telephone number(s) | Mother |
| | Father |
| Email address | Mother |
| | Father |

2. Ethnicity and Religion

| | | | |
|---------------|--|--------------------------------|--|
| Ethnic origin | | Nationality | |
| Religion | | Place of birth | |
| Home Language | | First Language (if applicable) | |

3. Parents details

Mother:

| | | | |
|---------------------------------|----------|-----------------------|--|
| Surname | | Forename | |
| Mother's DOB: | | | |
| Legal responsibility | YES / NO | National insurance No | |
| Asylum Seeker | YES / NO | NASS Number | |
| Address (if different to child) | | | |

Father:

| | | | |
|---------------------------------|----------|-----------------------|--|
| Surname | | Forename | |
| Father's DOB: | | | |
| Legal responsibility | YES / NO | National insurance No | |
| Asylum Seeker | YES / NO | NASS Number | |
| Address (if different to child) | | | |

| | |
|--|-----------------------|
| Full name of principle parent/carer (if not the parents) | Relationship to child |
| | |

4. Emergency contact and medical details

By law, we are required to have a minimum of two emergency contact numbers. Please give details of anyone else you wish to be contacted in an emergency. Place in the order that you wish for them to be contacted. The number you give must be the one that you are available to answer whilst your child is in school.

Please note that unless stated, we will always contact mother or father first on the main contact number provided unless you state otherwise.

1. Full Name

Address

Contact Tel:..... Relationship to Child

2. Full Name

Address

Contact Tel: Relationship to Child.....

MEDICAL DETAILS

Medical Practice Address

Telephone Number

Any Known Medical Conditions/allergies (of which the school should be aware)

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Any other comments

| | | |
|---|------------------|------------|
| If, at the time of admission, you will have other children attending this school, please provide details below: | | |
| Full name(s) | Date(s) of birth | Year Group |
| | | |
| | | |
| | | |

5. Attendance arrangement (tick as applicable)

Monday to Friday am only

Monday to Friday pm only

Monday, Tuesday all day and Wednesday morning

Wednesday pm and Thursday, Friday all day

30 hours a week (Please provide 30hour code) _____

YOU WILL NEED TO SUPPLY A COPY OF THE FOLLOWING DOCUMENTS (Passport, Birth Certificate, Baptism Certificate)

Please return your completed form to the school.

School is a data controller as defined in the General Data Protection Regulation and UK Data Protection Act 2018. We are committed to processing data securely and to keeping it safe. From time to time we will be required to share the data we collect with other parties such as the Local Authority and Department for Education. For further information about how we collect and share data, please refer to the Privacy Notice published on our website.

Signature of Parent _____ Date _____

Office us only

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Application processed by _____

Date _____