



Ss Alban & Stephen Catholic Primary School

Executive Headteacher: Miss C McFlynn

Head of School: Mrs C Moore

Head of School: Mrs A Porter

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NURSERY APPLICATION FORM

PLEASE USE BLOCK CAPITALS			
Child details			
First name:			
Middle name:			
Family name:			
Date of Birth:	/	/	Gender: M/F
NHS number:	_ _ _ / _ _ _ / _ _ _ _		
Your relationship to the child: (e.g. mother/father/carer/stepmother/father/ social worker)			
Your child's permanent address (at time of application)			
Address:			
Details of Religion			
Religion of child: (Please tick)	Catholic	Other Christian	Other faith
Parish you live in:	Church where child was baptised & date of baptism (Baptismal cert required if not baptised in Ss Alban & Stephen)		
Church you currently attend:		Name of priest supplying Cert of Catholic Practice:	
Special Educational Needs <i>Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?</i>			Yes/No
At risk <i>Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</i>			Yes/No
Children in Public Care <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</i>			Yes/No
If you have a sibling at this school, enter their name and date of birth:			

<i>Early years setting child attends or has attended (if applicable)</i>	
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Please complete the details for both parents if living at the same address:

Parent/carer 1 details		Parent/carer 2 details	
Title:			
Forename:			
Surname:			
DOB:			
National Insurance Number:			
National Asylum Support Service (NASS) Number (if applicable):			
Address:			
Email address:			

Telephone numbers

Daytime:		Mobile:	
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I confirm that the details above are correct to the best of my knowledge.

Signature of parent/carer:	
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OFFICE USE ONLY:	Date Received:	
	Distance:	