

Holy Cross School Nursery Application Form

for entry to **NURSERY CLASS**

Name of Child known as Male/Female

Family Name Date of Birth / /

Parents'/Carers' Name/s (please print)

Mr/Mrs/Ms/Miss

Contact Number Relationship

Mr/Mrs/Ms/Miss

Contact Number Relationship

Home Address of Child

..... Postcode.....

Religion of Child Date of Baptism / /

Father's Religion Mother's Religion

Names of any siblings on roll Holy Cross School:

Signed Parent/Carer Date / /

Please add here any other information you may feel is relevant to this application in relation to the school's admissions policy in respect of exceptional medical, social or pastoral needs of your child that make only this school suitable for them. Strong and relevant evidence must be provided by an appropriate professional authority (eg qualified medical practitioner, education welfare officer, social worker or prie

(Please bring your child's Baptismal Certificate and proof of address when you return this form)

To be completed by Parish Priest

Family Name: _____

Child's name: _____

This family is known to me (please tick)

This family is new to the Parish (please tick)

If you are new to the Parish you should also obtain a reference from your previous Parish Priest and attach it to this form.

They attend mass: Every week

 Three times each month

 Twice each month

 Once each month

 Less than once a month

 I cannot confirm they attend Mass

Signed Name

Date Tel No

Please add the Parish seal or stamp

If you are not a Catholic, please ask a Minister of Religion to complete the section below:

Family Name: _____

Child's name: _____

This family is known to me (please tick) This family are members of our faith community (please tick)

Name: _____

Position; _____

Name and address of church: _____

Signature: _____

Date; _____

