

# **St Chad's Catholic Primary School -Nursery Application Form**

### Child's Details

cilia 5 Details	
Surname	Legal Surname
Forename	Middle name
Date of Birth	Gender
Home Address	
	Post Code
Telephone	
Email	
Parent/Carer D	etails
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Name	Address
Relationship to child	Tel Mobile Work Email
Name	Address
	Tel
Relationship	Mobile
	Work
	Email

Does your child have any siblings already registered with us? If yes,	
please provide their name and date of birth	

## **Ethnic and Cultural information**

Ethnicity	Religion
Home Language	First Language
Country of Birth	Nationality

## **Nursery Session Preference**

Please indicate your preferred session. All children after the term of their 3 <sup>rd</sup> Birthday are entitled to 15 hours funded by the governm	ent.
We try where possible to give parents their preferred choice; however, we cannot guarantee this. Please tick your preference	

Morning session 8.30am - 11.30am	, ,			
Afternoon session 12.30pm - 3.30pm				
30 hours, 8.30am-2.30pm. I am entitled to Government Funding				
Please list here any further information you need to make us aware of				
The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)  The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the  Education Authority and with the Department of Education				
Signature	Date			
Print Name				

Please return this form to the school office, with the child's Birth Certificate, Baptism Certificate (if Catholic), as well as proof of address, such as a utility bill dated within the last 3 months.