



ST AUGUSTINE'S CATHOLIC PRIMARY & NURSERY ACADEMY

Park Avenue,
Mapperley Road,
Nottingham NG3 4JS
Telephone No. 0115 9156995

NURSERY APPLICATION FORM

CHILD'S DETAILS

| | | |
|----------------------|--|----------------------|
| SURNAME | | |
| FORENAME | | |
| OTHER NAMES | | |
| DATE OF BIRTH | <i>(Please Attach Birth Certificate)</i> | MALE / FEMALE |
| ADDRESS | POSTCODE: | |
| TELEPHONE NO. | | |
| ETHNICITY | | |
| RELIGION | | |

PARENTAL DETAILS

| | | |
|-------------------------|------------------|--|
| MOTHER'S NAME | | |
| MOTHER'S ADDRESS | POSTCODE: | |
| TELEPHONE NO. | | |
| EMAIL ADDRESS | | |
| FATHER'S NAME | | |
| FATHER'S ADDRESS | POSTCODE | |
| TELEPHONE NO. | | |
| EMAIL ADDRESS | | |

| | |
|-------------------------------------|---|
| NURSERY HOURS | AM 8.45am to 11.45am PM 12.30pm to 3.30pm OR Full Day 8.45am to 3.30pm |
| PLEASE MARK YOUR PREFERENCE: | MORNING ONLY/AFTERNOON ONLY/ ALL DAY (To be discussed) |

DO YOU HAVE ANY OTHER CHILDREN? YES NO

| |
|--|
| THEIR NAMES & DATES OF BIRTH: |
|--|

BAPTISMAL INFORMATION

| | |
|--|---|
| NAME & ADDRESS OF THE CHURCH WHERE CHILD WAS BAPTISED | |
| DATE OF BAPTISM | <i>(Please Attach Certificate Of Baptism)</i> |

SIGNED

PLEASE PRINT NAME DATE.....

A COPY OF BIRTH CERTIFICATE ATTACHED