



St Mary's Catholic Primary School

Tong Lane
Bacup, Lancs
OL13 9LJ

Acting Headteacher: Mrs Claire Mills

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Admission Form for a place at St Mary's Nursery / St Mary's Catholic Primary School

Full Name of Child:	Address: Post Code:
Male / Female (please delete):	
Date of Birth:	
Birth Certificate Code: (please bring a copy of your birth certificate with your application)	
Number of children in family:	
Child's position in the family (i.e. 1 st , 2 nd , 3 rd etc.)	
Names of Parents / Legal Guardians (persons who are responsible for the child):	
Addresses of Parents / Legal Guardians (if different from the child's address):	
First Emergency Contact:	Second Emergency Contact:
Name:	Name:
Relationship to child:	Relationship to child:
Mobile number:	Mobile number
Email address:	Email address:
Third Emergency Contact:	Forth Emergency Contact:
Name:	Name:
Relationship to child:	Relationship to child:
Mobile number:	Mobile number:

Is your child Baptised? YES / NO

Religion:

Date of Baptism

Place of Baptism:

Previous School / Nursery contact details:

I am willing for my child to go on out of school activities or outings arranged by the school.

Signed:

Date:

FOR NURSERY CHILDREN ONLY:

Please circle the number of FREE hours you are applying for?

15 hours / 30 hours

If 30 hours, please provide validation code and start date of code *

Please provide 2 year old funding code if your child turns 3 after the start of the term *

Please provide an indication of the sessions you would like to book for your child (tick the appropriate boxes)

Day	Morning (9.00 am – 12 noon)	Lunchtime (12.00 noon – 12.30 pm)	Afternoon (12.30 pm – 3.30 pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

*To obtain validation codes, visit <https://www.gov.uk/help-with-childcare-costs>.

Health Profile:

		If you have answered yes to any of the questions please provide details below:
Does your child wear glasses?	Yes / No	
Does your child have hearing problems?	Yes / No	
Does your child go to a speech therapist?	Yes / No	
Is your child medically excluded from any activity?	Yes / No	
Does your child have to visit a hospital or clinic as a regular outpatient?	Yes / No	
Has your child had a tetanus injection?	Yes / No	
Does your child have any allergies?	Yes / No	
Does your child have a history of:		
• Asthma or other respiratory conditions?	Yes / No	
• Epilepsy?	Yes / No	
• Diabetes?	Yes / No	
• Major surgery?	Yes / No	
• Effects of serious illness or accident?	Yes / No	
• Co-ordination difficulties?	Yes / No	
Is your child in receipt of the disability living allowance? (If yes, please provide copy letter)	Yes / No	

Family Doctor's Name:

Surgery Address:

Telephone Number:

Please give details of any health problems:

I confirm that permission is hereby given for staff emergency medical advice and treatment.

Signed:

Date:

ETHNICITY MONITORING INFORMATION

Please read the attached letter regarding the collection and recording of pupils' ethnic background. Please tick one box to indicate the ethnic background of this pupil.

Please return the data collection form to the school with this admission form. Thank you.



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Data collection form

Pupil Name:

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate the ethnic background of the pupil named above:

White:

- British
- Irish
- Traveller of Irish heritage
- Gypsy / Roma
- Any other white background

Mixed:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background.

- Chinese
- Any other ethnic background
- I do not wish an ethnic background to be recorded.