



St. Stephen's Nursery Application Form

St. Stephen's Catholic Primary School
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Tyne and Wear
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Please complete the form fully and **provide a copy of your child's birth certificate.**

Section 1: Child's Details

First name:		Legal surname:	Child's date of birth:
Middle Name:			Day Month..... Year
Preferred name(s):		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Pre-school currently attending (if any):	We offer AM (8.45am-11.45am), PM (12.30pm-3.30pm) and All Day* (Monday – Thursday 8.45am -3.30pm, Friday 8.45am-11.45am) sessions. Please tick preferred session: AM <input type="checkbox"/> PM <input type="checkbox"/> All Day* <input type="checkbox"/> *This offer is only for those who are eligible for the government's 30 hours free childcare scheme.		
Friday Afternoon Additional Session (30 hour offer only) - to cover your child's supervision 11.45am-3.30pm on Fridays: Supervised in school (£25.00 per week) <input type="checkbox"/> Friday afternoon supervision not required <input type="checkbox"/>			
Child's home address: Post code		
Mode of transport to school (Walking, Car/Van, Public Transport, Cycling/Scooter):			
Language of Child: <input type="checkbox"/> First language <input type="checkbox"/> Native language <input type="checkbox"/> Speaks language <input type="checkbox"/> Understand language <input type="checkbox"/> Is spoken at Home		Other Language of Child: <input type="checkbox"/> First language <input type="checkbox"/> Native language <input type="checkbox"/> Speaks language <input type="checkbox"/> Understand language <input type="checkbox"/> Is spoken at Home	
Country of Birth:		Nationality:	
Religion of Child:		If not born in UK, date arrived:	
Distinguishing marks e.g. birthmark, scars (please detail):		Medical Practice: Name: Tel:	

Any relevant medical conditions/dietary requirements that school should be aware of: Yes / No (please circle)

If yes, please give details

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For severe medical conditions or allergies, an individual healthcare plan will be issued separately.

Please list any disabilities or special educational needs for your child:

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.....

.....

Section 2: Ethnic Background (please circle the ethnic origin of your child)

WHITE	MIXED	ASIAN/ ASIAN BRITISH	BLACK/ BLACK BRITISH	OTHER
British	White and Black Caribbean	Indian	Caribbean	Arab
Irish		Pakistani	African	Other
Gypsy or Irish Traveller	White and Black African	Bangladeshi	Other	I do not wish an ethnic background category to be recorded.
Roma	White and Asian	Chinese		
Other	Other	Other		

Section 3: Contacts

Please list all people that school can contact in order of priority (A minimum of 2 emergency contacts are required):

1st	<p>Title: First Name: Surname:</p> <p>Relationship to Child:</p> <p><input type="checkbox"/> Legal guardian (Parental Responsibility)</p> <p><input type="checkbox"/> Primary guardian (Will receive all communications from school – Emails/SMS/In App Messages)</p> <p><input type="checkbox"/> Authorised to collect</p> <p><input type="checkbox"/> Emergency contact</p> <p>Address:.....</p> <p>.....Postcode:</p> <p>Tel:Email:</p>
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2nd	<p>Title: First Name: Surname:</p> <p>Relationship to Child:</p> <p><input type="checkbox"/> Legal guardian (Parental Responsibility)</p> <p><input type="checkbox"/> Primary guardian (Will receive all communications from school – Emails/SMS/In App Messages)</p> <p><input type="checkbox"/> Authorised to collect</p> <p><input type="checkbox"/> Emergency contact</p> <p>Address:.....</p> <p>.....Postcode:</p> <p>Tel:Email:</p>
3rd	<p>Title: First Name: Surname:</p> <p>Relationship to Child:</p> <p><input type="checkbox"/> Legal guardian (Parental Responsibility)</p> <p><input type="checkbox"/> Primary guardian (Will receive all communications from school – Emails/SMS/In App Messages)</p> <p><input type="checkbox"/> Authorised to collect</p> <p><input type="checkbox"/> Emergency contact</p> <p>Address:.....</p> <p>.....Postcode:</p> <p>Tel:Email:</p>
4th	<p>Title: First Name: Surname:</p> <p>Relationship to Child:</p> <p><input type="checkbox"/> Legal guardian (Parental Responsibility)</p> <p><input type="checkbox"/> Primary guardian (Will receive all communications from school – Emails/SMS/In App Messages)</p> <p><input type="checkbox"/> Authorised to collect</p> <p><input type="checkbox"/> Emergency contact</p> <p>Address:.....</p> <p>.....Postcode:</p> <p>Tel:Email:</p>

5th	Title: First Name: Surname:
	Relationship to Child:
	<input type="checkbox"/> Legal guardian (Parental Responsibility)
	<input type="checkbox"/> Primary guardian (Will receive all communications from school – Emails/SMS/In App Messages)
	<input type="checkbox"/> Authorised to collect
	<input type="checkbox"/> Emergency contact
Address:.....	
.....Postcode:	
Tel:Email:	

Section 4: Additional Information

Is your child in public care (a looked after child)? Yes / No (please circle)

If yes, please state which local authority has responsibility: Local Authority.....

Does your child come under any of the following categories? (Please tick):

Asylum Seeker	<input type="checkbox"/>	Traveller Child	<input type="checkbox"/>	Young Carer	<input type="checkbox"/>
Refugee	<input type="checkbox"/>	Permanently Excluded	<input type="checkbox"/>	Known to the police	<input type="checkbox"/>

Are any agencies/ services involved with the child/ family? If so, Who?

For example: Social Worker, Education Psychologist, Behaviour Support Worker

Agency	Contact Person	Contact Telephone Number

Early Years Pupil Premium:

Additional funding may be available through the Early Years Pupil Premium (EYPP) which is paid to early years providers for the provision of extra support for your child. EYPP is used to improve teaching and learning facilities and resources so as to impact positively on your child's progress and development. You may be eligible for EYPP if you receive certain benefits including: income support, income-based Jobseeker's allowance, income-related Employment and Support Allowance, support under part VI of the Immigration and Asylum Act 1999, the guaranteed element of State Pension Credit, Child Tax Credit, Working Tax Credit, Universal Credit.

Do you think you are eligible for Early Years Pupil Premium? Yes/ No (please circle)

Section 5: Declaration

I certify that I have parental responsibility for the child named in Section 1 and that the information given on this form is true to the best of my knowledge and belief. I understand that giving false or deliberately misleading information and/or supporting papers, or withholding any relevant information, may result in the withdrawal of the offer of a nursery place.

I understand that obtaining a place in our school Nursery Class does not guarantee my child a place in our school for entry to Reception Class. (Separate applications to be made in September before child's 4th birthday).

Signature of parent/carers Date

Please hand in your completed form to our school office and bring your child's birth certificate with you.