



St. George's Roman Catholic Primary School York
ADMISSION FORM for School and Nursery

Child's Details:

LIPN: [for office use]		Admission No:	
Child's surname:		Child's forename:	
Middle name(s)		Chosen name (s)	
DOB		M/F	
Place of Birth		Nationality	
Address			
		Postcode:	
☎ Home:	Mobile:	e-mail address:	
Any brothers or sisters (please give name/s and date/s of birth)			

CHILD'S BAPTISM:

Date of Baptism:	Name and Address of Church where Baptised:	[Please provide certificate] <i>Date seen</i>
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OTHER INFORMATION FOR CHILD:

Ethnic Origin:	Home Language:	Is English spoken as an additional language? Y / N	Religion: (RC / CofE / Meth / other please state)
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We fully support the Catholic ethos of St. George's School and are equally committed to our child's participation in worship and prayer.



Please be advised that entry into the nursery does not guarantee a place in our Reception class.

Please give full details of all persons who have *parental responsibility* and anyone else you wish to be contacted in an emergency, in order of priority:



PARENTS' DETAILS:

MOTHER'S Surname TITLE (Mrs/Miss/Ms/Dr)	Forename	FATHER'S Surname TITLE (Mr/Dr)	Forename
	Religion		Religion
Address (if different from above)		Address (if different from above)	
Work place and phone number		Work place and phone number	

OTHER CONTACTS 1

Surname	Forename		
Title	M/F	Relationship to Child:	
Address			
Post code		Parental Responsibility? YES/NO	
Work/daytime phone number and details:			
			


OTHER CONTACTS 2

Surname	Forename		
Title	M/F	Relationship to Child:	
Address			
Post code		Parental Responsibility? YES/NO	
Work/daytime phone number and details:			
			

PREVIOUS SCHOOL/S: (Please include Nursery)

Name and address of any previous school/s: <i>(Please also include name of Head Teacher)</i>			
NAME, ADDRESS & TELEPHONE NO. OF SCHOOL (please include name of Head Teacher)	DATE OF ARRIVAL	DATE OF LEAVING	NUMBER OF TERMS ATTENDED

CHILD'S MEDICAL DETAILS:

Doctor's name and surgery address:		
Medical Information of which we should be aware: (Please give <u>specific</u> details of any medication required in school, including name, dosage and frequency) Please include details of any known allergy		
⇒ In the event of your child falling in the playground and requiring a plaster, do you give your permission for us to do so? YES / NO		
⇒ In the unlikely event of your child requiring emergency treatment, and we cannot contact you, do you give your permission for us to take him/her to Casualty? YES / NO		

SIGNED:
PARENT/GUARDIAN

DATE: