



St. Stephen's Nursery Application Form

St. Stephen's Catholic Primary School
 Goathland Avenue
 Newcastle upon Tyne
 Tyne and Wear
 NE12 8FA
 T: 0191 6250900
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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(s): | Legal surname: | Child's date of birth: 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) and All Day* (8.45am -11.45am and 12.30pm-3.30pm) sessions. Please tick preferred session: AM <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. |
|--|--|

Lunchtime Supervision Arrangements (30 hour offer only) - to cover your child's supervision between 11.45am and 12.30pm.
 Supervised in school (£2.50 per day) Child collected for lunch each day

| | |
|-----------------------|--------------------------------|
| Child's home address: | Post code |
|-----------------------|--------------------------------|

| | |
|--------------------------|---------------------|
| First Language of Child: | Your Home Language: |
|--------------------------|---------------------|

| | |
|-------------------|--------------|
| 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

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:

Section 2: Contacts

Please list all people that school can contact in order of priority:

| | |
|---|---|
| 1 | Title: First Name: Surname: Relationship to Child: Parental Responsibility: Y / N Address:.....Postcode: Tel:Email: |
| 2 | Title: First Name: Surname: Relationship to Child: Parental Responsibility: Y / N Address:.....Postcode: Tel:Email: |
| 3 | Title: First Name: Surname: Relationship to Child: Parental Responsibility: Y / N Address:.....Postcode: Tel:Email: |
| 4 | Title: First Name: Surname: Relationship to Child: Parental Responsibility: Y / N Address:.....Postcode: Tel:Email: |
| 5 | Title: First Name: Surname: Relationship to Child: Parental Responsibility: Y / N Address:.....Postcode: Tel:Email: |

Section 3: 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 | White and Black African | Pakistani | African | Other |
| Gypsy or Irish Traveller | White and Asian | Bangladeshi | Other | I do not wish an ethnic background category to be recorded. |
| Roma | Other | Chinese | | |
| Other | | Other | | |

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 Traveller Child Young Carer
 Refugee Permanently Excluded Known to the police

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/carer Date

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