**First Steps Pre-School , ****St John Vianney Catholic Primary School**

**Pupil Application Form**

Child’s full name:

Date of Birth:

Home Address:

Town:

Postcode:

Home Telephone:

Name of mother:

Maiden surname of mother (if applicable):

Address (if different to above)

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of father:

Address (if different to above)

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child a baptised Catholic? Yes/No (circle as appropriate)

Other Religion:

Date and Church of Baptism:

English as an additional language? Yes/No (circle as appropriate)

Are you entitled to 30 hour funding? Yes/No (circle as appropriate)