SHEPHILIPS SALES

NURSERY APPLICATION FORM



Good Shepherd Primary Catholic Academy

Our Lady of Lourdes Catholic Multi-Academy Trust Somersby Road, Woodthorpe, Nottingham, NG5 4LT Headteacher: Mrs Celine Toner

Telephone: 0115 926 2983

Email: office@goodshepherd.notts.sch.uk

Please enter your child's details:										
Surname/ Family Name:					Child's Name:					
Date of Birth:	DD	MM YYYY			Male: Female:					
Country of Birth/Nationality:					First Language:					
To be comple	eted by	y the child	d's parent(s), le	egal guardian(s) or	carer(s)				
Guardian 1 Full Name:					Guardian 2 Full Name:					
Addross:*					Address:*					
Address:*					Address:					
Postcode:					Postcode:					
Home Tel No:				H	Home Tel No:					
Mobile No:				N	Mobile No:					
Email Address:				E	Email Address:					
Relationship to (Child:			R	Relationship to Child:					
Preferred Admission Te	erm:	Advent Term (Autumn)		1)	Lent Term (Spring)	Pentecost Term (Summer)				
		Advent 1 (Septembe	r)	Le	ent 1 (January)	Pentecost 1 (after Easter)				
		Advent 2 (a October ha			ent 2 (after Februay alf term)	Pentecost 2 (after May half term)				
Session Preference:					Full Time 3:45am – 3.30pm	Just Mornings 8.45am – 11.45pm				
		•	•		urs funded. Therefore lunchtime period, wh	e, there is an additional cost ich is payable by the				
Previous Chi	ldcare	/Nursery	Information	า						
-				า						
Previous Chi	t/previo			1						

Special Needs Information (please	Yes	No				
Does your child have any Special E						
If yes, please give details:						
Are there any outside agencies inve	olved with your child/family e.g. F	Pediatrician,	Yes	No		
Social Care?	•					
If Yes, please give names and conf	tact details:					
Sibling Information						
Name	Current Sch	School/Nursery				
		_				
		_				
	_					
About your Faith						
What faith best describes your	child – please tick from the	list below:*				
	product non-nen-unc					
Roman Catholic	Baptist	Muslim				
Christian	Buddhist		Russian Orthodox			
Christian CE	Hindu		Pentecostal			
Other Christian	Islam		Sikh			
Greek Orthodox	Jehovah's Witness		Seventh Day Adventist			
Jewish	Methodist	No religion				
Any other (please specify):						
If your child is baptised Cathol	ic please attach a copy of th	eir hantismal c	ertificate	with your		
completed application form.	io, piedoc dilacii a copy oi ii		ortinoate	with your		
Although we are a Catholic sc	hool, we welcome application	ns from childre	n of all			
denominations, into our comm						
	•					
Signed:						
Print Name:						
Date submitted:						

^{*}Please note, for further information on the admissions criteria, see the Nursery Admissions Policy on the school website.