

ALL SAINTS' CE PRIMARY SCHOOL
FRIERN BARNET

NURSERY APPLICATION FORM

Child's Surname: _____

Child's First Name: _____

Date Of Birth: _____ Gender: Male / Female (*delete one*)

Address: _____

_____ Post Code: _____

Home Telephone Number: _____

Email: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Parent's Signature: _____ Date Of Application: _____

NURSERY ENTRY PREFERENCE: AM / PM / EITHER
(Please delete as appropriate)

Name(s) of Children living at the above address and attending All Saints' School:

I certify that at least one parent of this child is a committed member of All Saints' Church and has attended a minimum of 20 acts of worship over the past 12 months, as recorded in the Church's attendance record.

Signature of Minister: _____ Date: _____

School Use Only

Proof of child's age seen: _____

Proof of residence seen: _____

All Saints' Church attendance confirmed: Yes / No

Verified Admission Category: _____

Date of Admission: _____ AM / PM placement