



**ST. PAUL'S C.E. PRIMARY SCHOOL**  
**PENROSE STREET, WALWORTH, SE17 3DT.**

**SUPPLEMENTARY FORM FOR ADMISSION TO THE NURSERY**  
**(Please fill in this form using block capitals and return to St. Paul's School).**

Name of Child: (Surname).....

First Name/s:.....

Date of Birth:..... Male/Female.....

Home Address:.....

.....

How Many Years at Present Address.....Home Telephone Number.....

Previous Address (If less than 3 Years at present address): .....

.....

Father's First Name..... Surname.....

Mother's First Name..... Surname.....

Child's Religion.....

Name and Address of Church or Place of Worship Attended By You On A Regular Basis:

.....

.....

Name of Priest or Minister:..... Telephone Number.....

**PLEASE NOTE THE SCHOOL WILL CONTACT THE PRIEST OR MINISTER FOR  
CONFIRMATION OF REGULAR ATTENDANCE.**



Are there any special medical or social reasons to be taken into consideration? (If so please state):

.....  
.....

(A letter of confirmation from the relevant agency will be required).

Name(s) of Brothers/Sisters attending St. Paul's School/Nursery:.....

.....

I would prefer: Morning Place  Afternoon Place  Either

**Please note: PREFERENCE CANNOT BE GUARANTEED**

**PLEASE NOTE: ON THE OFFER OF A PLACE PARENTS/CARERS WILL BE REQUIRED TO SHOW IDENTITY BY PROVIDING EITHER AN ORIGINAL BIRTH CERTIFICATE, PASSPORT, TRAVEL PASS WITH PHOTO OR HOME OFFICE IDENTITY CERTIFICATE.**

**PLUS: PROOF OF ADDRESS BY PROVIDING EITHER A LOCAL AUTHORITY RENT CARD, FULL DRIVING LICENSE, PAID HOUSEHOLD UTILITY BILL (ALL MUST SHOW THE ADDRESS ABOVE).**

Signed:..... Date:.....

**RECEIPT OF APPLICATION TO ATTEND ST. PAUL'S NURSERY.**

Child's Name:..... Date of Birth:.....

Date Form Received:..... Staff Signature.....