

All Saints Carshalton Church of England Primary School
Rotherfield Road, Carshalton, SM5 3DW
Tel: 020 8401 0075
email: office@allsaintscarshalton.sutton.sch.uk

NURSERY APPLICATION FORM

You are advised to read the Nursery Admission Policy carefully before completing this form

Child's surname:	Child's Christian name(s):
Date of birth:	Male/Female:
Address:	
Postcode:	
Home number:	Mobile number:
Email address:	
Mother's name:	Father's name:

If you are making an application under Category 3 (exceptional medical or social need requiring your child specifically to attend the Nursery at All Saints school), please provide written evidence from a specialist health professional or social worker **at the time of application**.

I wish to apply for a Nursery place at All Saints Carshalton Church of England Primary School for my child.

Signed (mother/father/guardian) Date

Please complete details overleaf.

CHURCH ATTENDANCE

Complete this section if you are applying under the church attendance criteria

Child's name:

If you are applying for a place under category 2, 4, 5 or 7 of the admission policy, we will contact the Clergy of your church for a reference, so please supply details of the Clergy member of the church where you regularly worship. If you have recently moved to this area, please also give the name and address of your previous Clergy (continue on a separate sheet if necessary)

IT IS ESSENTIAL THAT FULL INFORMATION IS GIVEN

Name of church:
Denomination:
Name of Clergy member:
Address:

Contact telephone number of Clergy:
Email address for Clergy member:
If you have worshipped at more than one church in the past two years, please provide details:

Mother's attendance:
Do you attend the church noted above weekly or fortnightly? Yes No
and
Have you been attending for, at least, the past two years? Yes No

Father's attendance:
Do you attend the church noted above weekly or fortnightly? Yes No
and
Have you been attending for, at least, the past two years? Yes No