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)