St Francis of Assisi Catholic Primary School

Blakehall Skelmersdale WN8 9AZ

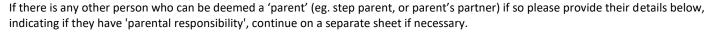


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Headteacher: Mrs A E Naylor Deputy Headteacher: Mrs S Lamph

APPLICATION FORM FOR A LANCASHIRE COUNTY COUNCIL NURSERY PLACE

any)						
		CHRISTIAN	NAME/S			
	COUN	TRY OF BIRTH	M	ale / Female	_	
<u>TION</u>						
hich addres	ss(es) th	ne pupil normally r	esides (i.e. sole or sh	ared residency) u	sing the tick box	
		FORENAME		SURNAME		
		PARENTAL RESPO	ONSIBILITY	Yes / No		
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E NUMBER						
		FORENAME		SURNAME		
		PARENTAL RESPONSIBILITY		Yes / No		
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TITLE		FORE	FORENAME			SURNAME	
DATE OF BIRTH			RELATIONSHIP TO CHILD			PARENTAL RESPONSIBILITY	Yes / No
HOME ADDRESS including post code		*					
TELEPHONE NUMBERS		ном	HOME:		ORK:	MOBILE:	
CONTACT INFOR	MATION -	IN PRIORI	TY ORDER A	ttach a	n extra she	et if necessary	
Please provide below number.	w the names	of at least	two people who	can be	contacted by	school in emergency,	underlining the main cor
TITLE	FORE	NAME	SURNAM		SURNAME		
HOME:		WORK	WORK:		MOBILE:		
RELATIONSHIP TO	CHILD						
TITLE	FORE	NAME			SURNAME		
номе:		WORK	:		MOBILE:		
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DOCTORS NAME			ADDR	ESS			_
MEDICAL CONTITIOI	NS					_	
ALLEGIES						_	
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Ethnic Origin:	e.g.	wnite, Blac	K-African, Black	Caribbe	ean, Biack-oth	er, indian ect.	
Catholic Yes / No _	Chr	istian	Yes / No	Wher	e Baptised		
Main Mother Tongu	۵.		e g Fnglish Rer	ngali etc			
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Signed			Date				

FOR SCHOOL USE ONLY

Birth Certificate Seen Yes / No