



# St. Mary's R.C. Primary School

Holcombe Drive, Burnley, Lancashire BB10 4BH

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web-site: [www.st-marys-burnley.lancs.sch.uk](http://www.st-marys-burnley.lancs.sch.uk)

Headteacher: Mr Ian Jones

Deputy Headteacher: Mrs Barrett

## School Admission Application

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male/Female
BIRTH CERTIFICATE SEEN?		DATE OF BIRTH	__/__/__
HOME ADDRESS Including postcode			

### PARENT INFORMATION

\*Please indicate at which address(es) the pupil normally resides (ie. sole or shared residency) using the tick box.

#### MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		YES/NO	
HOME ADDRESS Including postcode	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:	WORK:			
	MOBILE:				
E-MAIL ADDRESS					

#### FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		YES/NO	
HOME ADDRESS Including postcode	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:	WORK:			
	MOBILE:				
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		YES/NO	
HOME ADDRESS Including postcode	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:	WORK:			
	MOBILE:				

**CONTACT INFORMATION - IN PRIORITY ORDER Attach an extra sheet if necessary**

Please provide below the names of at least two people who can be contacted by school in an emergency, underlining the main contact number. (Repeat information overleaf if necessary)

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

Any special dietary requirements \_\_\_\_\_

**MEDICAL INFORMATION - Attach an extra sheet if necessary**

NAME OF DOCTOR		NAME & ADDRESS OF PRACTICE	
MEDICAL CONDITIONS:			

MODE OF TRAVEL (one most often used) Car/Walk/Cycle other please specify

ETHNICITY \_\_\_\_\_ RELIGION \_\_\_\_\_

If baptised Catholic please provide date and place of baptism \_\_\_\_\_

IS ENGLISH THE CHILD'S FIRST LANGUAGE? YES/NO

IF NO, PLEASE INDICATE LANGUAGE SPOKEN \_\_\_\_\_

**PREVIOUS NURSERY INFORMATION - IF APPLICABLE (use extra sheet if necessary)**

PREVIOUS NURSERY			
FROM	__/__/__	TO	__/__/__

Do you give permission for your child's photograph to be used in school publications (including our website) and also in the local press YES/NO

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Relationship to child \_\_\_\_\_

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.