



St. Mary's R.C. Primary School

Hemming Drive | Eccles | Manchester | M30 0FJ
t: 0161 789 4532 | f: 0161 707 8386

APPLICATION FOR ADMISSION

Child's first name:		Date of birth:
		Male / Female:
Child's middle name:		
Child's surname:		
Address:		
Postcode:	home tel. no:	
Parish of Baptism:	Date of baptism:	
<u>PLEASE ENCLOSE COPY OF BAPTISM CERTIFICATE</u>		
Other Religion (please state):		
Mother's name:	Contact tel. no:	
Father's name:	Contact tel. no:	
Relatives in school (e.g. brothers, sisters and cousins in school)		
Name:	Relationship:	Age:
Places(s) requested: Nursery_____ Reception_____ Year _____		
If your child does not speak English please state which other language your child speaks		
Doctor's name/address/ tel. no:		
Relevant medical or special educational needs information such as illness, accidents or disability e.g. hearing loss, vision impairment, speech impediments etc.		
Previous school or nursery attended:		
Signed:	date:	

N. B. COMPLETION OF THIS FORM DOES NOT CONSTITUTE AN OFFER OF A PLACE AT ST MARY'S FOR YOUR CHILD