



## Application for Entry to St Michael's School Nursery

### Supplementary Information Form 2021-22

St. Michael's CE Primary School, North Road, N6 4BG – DfE no. 3093302

- Nursery applications: A Supplementary Information Form must be completed and **returned to the school office** by the closing date published of the **1<sup>st</sup> December 2020**
- If the number of applications received exceeds the number of places available, the oversubscription criteria will be used to determine the children who can be admitted. Applicants are admitted in order of the number of points accumulated on their application form. The admissions criteria only applies in the case of oversubscription
- The information requested on this form will be used for the sole purpose of applying our admissions and oversubscription criteria
- If your child is offered a place at St Michael's the information will be held on the school's database in compliance with GDPR regulations, please refer to our Privacy Notice on our website [www.stmichaelsn6.com](http://www.stmichaelsn6.com) for further information
- If your child is not offered a place at St Michael's, this information will be held on file for 2 years. Please refer to our Privacy Notice on our website [www.stmichaelsn6.com](http://www.stmichaelsn6.com) for further information.

Please complete this form in **BLOCK CAPITALS**.

<b>Date of application</b>	
<b>Nursery provision required</b>	FULL TIME (30HRS) or PART-TIME (15HRS - 2.5 days)

<b>Forename (first name)</b>	
<b>Middle name</b>	
<b>Surname</b>	
<b>Preferred first name (known by)</b>	
<b>Date of birth</b>	
<b>Gender</b> ( <i>circle</i> )	MALE / FEMALE
<b>Home address</b>	

Parent/Guardian details

<b>Who does the pupil live with?</b>		
<b>Parents/Guardians</b>	<b>Parents/Guardians 1</b>	<b>Parents/Guardians 2</b>
<b>Title</b>		
<b>First name</b>		
<b>Surname</b>		
<b>Address</b>		
<b>Home telephone no.</b>		
<b>Work telephone no.</b>		
<b>Mobile no.</b>		
<b>Email address</b>		
<b>Relationship to child</b>		
<b>Should correspondence be addressed to this person?</b> ( <i>circle</i> )	YES / NO	
<b>Should correspondence be addressed jointly?</b> ( <i>circle</i> )	YES / NO	

**Religious Links:**

If the applicant is a regular\* (at least fortnightly) worshiper of a world faith community, ask your Religious Leader to complete and sign Religious Leader’s Reference section below.

<b>Place of worship</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>State how long you have been attending at above place of worship</b>	

Once you have completed the above sections, please pass to your religious leader to sign below.

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**THIS SECTION TO BE COMPLETED BY THE APPLICANT’S RELIGIOUS LEADER**

Please tick one box next to the paragraph which applies to the applicant named on this form.

<b>1. The applicant and/or their parent(s) or legal guardian are regular (at least fortnightly) worshippers at the place of worship named on this form and have been so for at least 1 year*.</b>	YES / NO
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\* In the event that during the period specified for attendance at worship the church [or, in relation to those of other faiths, relevant place of worship] has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church [or in relation to those of other faiths, relevant place of worship] or alternative premises have been available for public worship".

**DECLARATION (signed by Religious Leader)**

*The details supplied on this form are correct to the best of my knowledge.*

Signed .....

Print name .....

Date .....

**School Connections:**

Please state whether the applicant has a sibling/ step-sibling at the school who is living at the same address and who will still be on the school roll at the date when it is proposed that the applicant be admitted.

<b>Sibling/ Step-sibling Full Name</b>	
<b>Currently in Year and Class Name</b>	

**Children of Full Time Staff:**

<p>I ..... (parent) have been employed as a full time teacher at St Michael’s Highgate since ..... (full time contract start date).</p> <p>I intend to be in my teaching post at the school on the proposed date of entry for my child.</p> <p>Signed: ..... Full Name: .....</p>
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**Please return this completed supplementary information form to the school office or email the school’s admission officer on [admin@stmichaelsn6.com](mailto:admin@stmichaelsn6.com) by the closing date of 1<sup>st</sup> December.**

**PARENT / CARER DECLARATION**

*The details supplied on this form are correct to the best of my knowledge.*

Signed .....

Print name .....

Relationship to the child .....

Date .....