ST. LUKE'S C.E. PRIMARY SCHOOL

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2026.27 Nursery Supplementary Form (TO BE RETURNED TO THE SCHOOL)

To be completed by the parents/carers

Name of Child:	
Name of Parent:	
Home Address:	Post code:
Telephone:	
Child's date of Baptism, if applicable:	
Parents' Religion	
Church family attends	
Name of Parish Priest/Minister/ Religious Leader	

To be completed by the priest giving the reference:

The parents are known to me:	**Yes**	**No**
The child is known to me:	**Yes**	**No**
The child is a member of a practising Christian family:	**Yes**	**No**
The child attends our place of worship at least once a month:	**Yes**	**No**
The family have been attending our place of worship for: *(time period)*		
I support this application:	**Yes**	**No**

If you think there are exceptional circumstances to support your application, please give details below:

Declaration
I confirm that the above statements about this child and his or her family's practice are true, to the best of my knowledge and belief.

Priest's/Minister's/Religious Leaders name:			
Signature:		Date:	

Parish Priest/Minister's Countersignature (only where the Parish Priest/Minister is not giving the reference):

I confirm that the child is **resident** in my parish.

Priest's/Minister's/Religious Leaders name:			
Signature:		Date:	

This form must be completed and returned to the School Office with your application form.

Signed by parent:…….. Date……..

PLEASE NOTE:
(i) The completion of this Application is not a guarantee that a place is available for your child.
(ii) Please refer to Admission Criteria's attached with this form.

FOR OFFICE USE ONLY

Proof of Address Provided ☐ Date……..…Initials…….....

Date Application Received ……..