

Our Lady's Catholic Pre-School  
Henshaw Road  
Wellingborough  
NN8 2BE  
01933 276362

**Application Form**

If you wish to apply for a place at Pre-School, please complete this form and return to the above address or **email** us at ourladyspre@btinternet.com. Please note that entry to Our Lady's Infant School will follow their admission criteria. Please contact the school for details.

**Child's Name**.....  
**Sex** **Male** **Female** (please circle)  
**Date of Birth**        /        /        .  
**Address**.....  
.....  
**Postcode**.....  
**Telephone Number**.....

**Name of Parent/Carer whom lives with the child**.....

**Does this Parent/carers have parental responsibility** **Yes** **No**

**Emergency Contact Numbers**.....  
.....

**Main language spoken at home**.....

**Ethnic Origin**.....**Religion**.....

**Baptised**                                **Yes**    **No**  
**Baptism Certificate**  
**Birth Certificate (Please provide a copy as part of this application)**  
**Proof of Postcode**

**Family Doctor**.....  
**Address and telephone number**.....  
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**Health Visitor**.....

**Please Indicate any allergies and or special dietary requirements**.....  
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**Details of medical conditions, health problems, medication etc**.....  
.....  
.....

**Name of siblings (if any) in school**.....  
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**Signed**.....**Date**.....