

"This is a very special school, where everyone 'goes the extra mile' to ensure that children are safe, their families are supported and that day-to-day teaching is of a very high quality."

Ofsted March 2016

'Walking hand in hand with Jesus, fulfilling the potential God has given us'

Headteacher: Mrs J Moore MA/BSC/QTS

Application for Admission to St James' CofE Pre-School

All forms to be completed and returned as soon as possible, along with a copy of your child's birth certificate.

1. Child's details

Child's Legal Family Name:		Child's Legal Forename(s):						
Name by which the child is known (if different from above):								
Date of Birth:		Male/Female:						
Address:		Post Code:						
Documentary proof of DOB Type (e.g. Birth Certificate):		Document recorded by (name of staff member):						
Date document recorded (dd/mm/yyyy):		Date application completed (dd/mm/yyyy):						

2. Please give details of all persons with parental responsibility

Name	Relationship to child	Home address (if different to child)	Contact number

3. Please give details of any brothers or sisters

Name	Date of Birth

Tyrer Ave, Worsley Mesnes, Wigan, WN3 5XE enquiries@admin.saintjames.wigan.sch.uk Tel: 01942 703952 Fax: 01942 324124













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4. Please give details of any previous setting(s) attended (if applicable)

Name of setting:			How long child	d	
			attended:		
Key Person:	ey Person:		Telephone Nu	Telephone Number:	
Address:			Post Code:		
Reason for leavin	ıg:				
5. Child's n	nedical info	rmation			
Name and address	ss of		Contact Number:		
Name of Health	Visitor:	77	Contact Number:		
Child's NHS numb	oer:		Is child registered with a dentist (Yes/No):		
Medical Condition difficulties, asthma	_		Iness, or special nee	ds, e.g. hearii	ng loss, poor vision, speech
				1	
First Language: (Language spoken to ch	nild in the home environment)		
Religion:			Ethnicity:		
Name of Parent/	Carer				
Signature of Parent/Carer			Date		
	Τ\	rer Ave, Worsley Me	esnes, Wigan, WN3	3 5XE	

AMES





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