



St Michael's Catholic Primary Pre School Application Form

Child's full name	
Child's date of birth	
Home address	
Post Code	
e-mail address	

Place required from (please state year) September

Contact Details

Parent/carer full name	
Relationship to child	
Daytime telephone number	
Mobile telephone number	
Address (if different to above)	

Parent/carer full name	
Relationship to child	
Daytime telephone number	
Mobile telephone number	
Address (if different to above)	

Baptism Details

Is your Child baptised Catholic	Yes or NO
Name and address of Church	
Date of Baptism	

Family Information

Do you have any children presently attending St Michael's	Yes/No
Name of Child(ren)	

Parent signature

Name of Parent applying for a place at St Michael's Catholic Primary School		
Name	Signature	Date