

St Austin's Catholic Primary School Riverbank Road Liverpool L19 9DH Tel: 0151 427 1800



www.st-austins.co.uk

St Austin's - Nursery Application form September 2024

ne of Child:	
dress of Child:	
e of Birth of Child:	
ent/Carer name:	
ent Contact number:Parent email address:	
Does your child have any brothers or sisters in the school (please provide names and ages)	
ne child Baptised Catholic: Yes □ No □	
es, please state parish of baptism and date:	
hich Parish do you live now:	
our child is not a baptised Catholic, please state to which denomination or faith, if any, your child belongs (see Note 2) es:	
1. Evidence of Baptism – Catholic of of baptism in the form of a Baptism Certificate is required. If you do not have a Baptism Certificate your Parish Pries required to confirm your child is a baptised Catholic by completing and signing the section below.	t wil
2. Evidence of Faith Group membership If your child is to be considered under the relevant criterion as other than Catholic Christian, please state your Christian omination. Proof of Baptism in the form of a Baptismal Certificate or confirmation in writing by completing the statemer by to show that your child is a member of a faith community by an appropriate Minister of Religion is required.	
If you belong to a faith other than the Christian faith, please state to which faith you belong. An appropriate faith leader ald need to confirm in writing by completing the statement below that your child is a member of their faith group.	
ister of Religion / Faith Leader	
Minister/Leader (print name):	
Address:	
Position Held:	
Signed:Date:	

This form should be completed by the Parent/Carer and returned to the school with a copy of the following documentation:

- * Proof of permanent residency: (council tax statement, mortgage statement or utility bill)



Parent/Carer signature:









Date:





