

APPLICATION FORM FOR ADMISSION TO THE NURSERY SEPTEMBER 2026

Parent(s)/Guardian(s) should fill in this form when applying for a place at the school and should ensure that they have a copy of the admission policy prior to completing the form and returning it to the Admissions Officer at the School, by 12.00 noon on 13th February 2026. Please complete the form in black ink in BLOCK LETTERS.

CHILD'S DETAILS	
First Name:	Surname:
Home address:	
Date of birth:	Sex:
Full name of Parent 1:	
Full name of Parent 2 (if applicable):	
Telephone 1:	Telephone 2:

MEDICAL NEEDS, SEND, LOOKED AFTER CHILDREN, SIBLINGS
IF APPLICABLE, please give details of any special educational/medical/social needs below: (Please attach letters of support, e.g. from your Doctor, Social Worker or Educational Psychologist)
IF APPLICABLE, please provide full name(s) of sisters/brothers attending the school:

ARE YOU APPLYING FOR A FULL TIME (30 HOURS PER WEEK) OR PART TIME (15 HOURS PER WEEK)
At Cathedral School Nursery we offer two types of places: PART TIME - All 3 year old children are entitled to 15 hours of free Early Years education per week during term time. Parents/carers do not need to apply for this entitlement and there are no eligibility criteria. FULL TIME - Our Nursery is a registered provider of 30 hours free child care for eligible working families who have registered via www.childcarechoices.gov.uk. If you are not eligible, your child can still attend Nursery on a full time basis with a top up fee payable. Please indicate: Part Time Place ☐ Full Time Place ☐

IF YOU ARE APPLYING FOR AN *OPEN PLACE* YOU HAVE FINISHED THIS FORM. THE REMAINDER OF THIS FORM IS FOR PARENTS WHO WISH TO APPLY FOR A *FOUNDATION PLACE* AT THE NURSERY.

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO THE NURSERY 2026

WORSHIP DETAILS		
Name of the place of worship where parents/carers attend:		
Address:		
Do you attend worship at least monthly? Please tick one:	Yes ☐	No ☐
Have you attended worship for at least a year? Please tick one:	Yes ☐	No ☐

Details of your commitment to your church community in the form of a Clergy Reference will be required at the time of application. The Clergy Reference will be based on evidence of the applicants having become part of the Church community through a verifiable pattern of attendance at worship at least once a month for at least a year and on evidence of additional active and sustained participation in the life and work of the Church as volunteers, office-holders, or members of church groups or committees.

PLEASE INFORM YOUR MINISTER/LEADER BEFORE USING THEIR NAME TO SUPPORT YOUR APPLICATION

MINISTER / LEADER DETAILS
Full name of minister/leader:
Address:
Telephone:
If you or your minister/leader has recently moved, you may prefer to give the name, address and telephone number of the previous minister/leader:

INVOLVEMENT
Give any details of any involvement with your place of worship:

I CONFIRM THAT THESE DETAILS ARE TRUE AND ACCURATE
Signed:
Date:

THE CATHEDRAL SCHOOL OF ST. SAVIOUR AND ST. MARY OVERIE

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO THE NURSERY SEPTEMBER 2026

CLERGY / CHURCH LEADERS FORM

SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO THE CATHEDRAL SCHOOL

The Parent(s)/Guardian(s) of the child named below have applied for a place at the Cathedral School, and have given your name as a referee. Would you kindly complete and return this form by **12.00 noon on 13th February 2026**, to the Admissions Officer at the School. Please note that this form may be used in any appeal if the application is unsuccessful.

CHILD'S DETAILS	
First Name:	Surname:
Home address:	
Date of birth:	Sex:
Full name of Parent 1:	
Full name of Parent 2 (if applicable):	
Telephone 1:	Telephone 2:

PLACE OF WORSHIP DETAILS
Name of the place of worship where parents/carers attend:
Address:

The School's admission policy requires that a parent and their child attends worship at least once a month and has done so for at least one year prior to applying for a place and provides evidence of additional active and sustained participation in the life and work of the Church. Please note that the record of attendance of only one parent/guardian (the better attender) will be taken into account.

ATTENDANCE	
Do the parents/carers worship at least monthly? Please tick one:	Yes ☐ No ☐
Have they attended worship for at least a year? Please tick one:	Yes ☐ No ☐

Please make any other comments below if you wish (or in a separate letter):

MINISTER / LEADER DETAILS

Full name:

Address:

Telephone:

MINISTER / LEADER SIGNATURE

Signed:

Date: