



**ACORN CLASS APPLICATION FORM**  
**ST. ALOYSIUS' CATHOLIC PRIMARY SCHOOL**



*Please complete each page of this form for your child and return it to St. Aloysius' Catholic Primary School via email [office.3842@st-aloysius.oxon.sch.uk](mailto:office.3842@st-aloysius.oxon.sch.uk) or post to 143 Woodstock Road, Oxford OX2 7PH. If you require any additional information, please telephone 01865 311056. Places will be allocated and confirmed as soon as possible. Thank you.*

**CHILD DETAILS**

Legal Surname: ..... Preferred Surname: .....

Legal Forename: ..... Preferred Forename: .....

Middle Name: .....

Gender: Male/Female Date of Birth: .....

**CHILD ADDRESS DETAILS:**

Postcode: ..... House Number/Name: .....

Street: ..... Town/City: .....

County: .....

Home Telephone: ..... Home e-mail: .....

**ADDITIONAL PUPIL ADDRESS (IF APPLICABLE)**

Postcode: ..... House Number/Name: .....

Street: ..... Town/City: .....

County: .....

**CONTACT DETAILS - CONTACT 1**

Surname: ..... Forename: .....

Gender: Male/Female Middle Name: .....

Title: .....

Postcode: ..... House Number/Name: .....

Street: ..... Town/City: .....

County: .....

Home Telephone: ..... Home e-mail: .....

Work Telephone: ..... Work e-mail: .....  
Mobile Number: .....  
Relationship to Child: e.g. Mother, Father, etc. ....  
Does this contact have Parental Responsibility? Yes / No  
Languages that are spoken and heard at home:  
.....  
Main Language: ..... Translator Required: Yes/No

## CONTACT 2

Surname: ..... Forename: .....  
Gender: Male/Female Middle Name: .....  
Title: .....  
Postcode: ..... House Number/Name: .....  
Street: ..... Town/City: .....  
County: .....  
Home Telephone: ..... Home e-mail: .....  
Work Telephone: ..... Work e-mail: .....  
Mobile Number: .....  
Relationship to Child: e.g. Mother, Father, etc. ....  
Does this contact have Parental Responsibility? Yes / No  
Languages that are spoken and heard at home:  
.....  
Main Language: ..... Translator Required: Yes/No

## DIETARY INFORMATION

Does your child have any special dietary needs we should be aware of i.e. no dairy, no gluten, no eggs, no pork, vegetarian, any allergies, nut allergies, etc? If so, please give details below.

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Does your child suffer from any medical conditions we should be aware of i.e. asthma, serious allergies, epilepsy, diabetes, bowel or bladder conditions, etc? If so, please give details below.

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Does your child have any other problems you think we should be aware of i.e. behaviour, mobility, hearing, speech, vision, etc? If so, please give details below.

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What is your child's religion? .....

Leave blank if you would rather not answer.

If your child has siblings already at our school please provide their name(s):

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Providing we have places available and your child is three years old, your child can start in Acorn Class at any time throughout the year. You are entitled five funded sessions (either five mornings OR five afternoons) and additional sessions can be purchased (£15.00 to top-up to a full day or £65.00 for a full week). This top-up will include the lunchtime wraparound ½ hour between the morning and afternoon sessions.

Please tick which sessions you would like your child to attend:

	<b>Morning Session</b> 08.45am to 11.45am	<b>Lunchtime Session</b> 11-45am to 12.15pm	<b>Afternoon Session</b> 12.15pm to 3.15pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

#### **PARENT/GUARDIAN SIGNATURE**

Please sign and date this form below: I understand that admission to the nursery class does not guarantee a place in the school.

Signature: ..... Date: .....

Name: .....

Relationship to child: .....

#### **FOR SCHOOL USE ONLY**

UPN: .....

Admission Date: .....

SIMS: ..... Date: .....

Schoolcomms: ..... Date: .....

Baptism Certificate Received: ..... Filed (Date): .....

Notes:

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