



**The Federation of Sacred Heart and St Mary's  
Catholic Primary Schools, Battersea**



**St Mary's R.C. Primary School, Battersea**

7 St Joseph's Street, SW8 4EN

Tel: (020) 7622 5640

Email: [admin@st-marys-pri.wandsworth.sch.uk](mailto:admin@st-marys-pri.wandsworth.sch.uk)

[www.stmarysschoolbattersea.co.uk](http://www.stmarysschoolbattersea.co.uk)

Executive Headteacher Mr Jared Brading

Associate Head Mrs Claire Mitchell

**Welcome to St Mary's RC Primary School, Battersea**

Within this school, we aim to create a supportive, friendly environment suitable to the young child, where the foundations of a good all-round education are laid.

Support from home is a vital factor in providing your child with a secure base for learning. This means that parents understand that we are not child minders but educators who, working with you in partnership, are laying foundations for the future while enjoying the present.

As a Catholic school we try to give the children a high moral framework, based on the Gospel values. We support the family in their teaching of the Catholic faith.

I hope that your child's days in our school will be both happy and fruitful.

Mr Jared Brading Executive  
Headteacher

**Child's Name: (underline last name)** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Check List:**

- Child's Birth Certificate: ..... [ ]
- First Proof of Address\*: ..... [ ]
- Second Proof of Address\*: ..... [ ]
- Baptism Certificate: ..... [ ]
- Dedication Letter or Other: ..... [ ]
- Priest Letter (if applicable)..... [ ]
- Currently on roll in our Nursery: ..... [ ]
- Sibling: ..... [ ]

**OFFICE USE ONLY:**

**Date Application Received:**

**Nursery/Reception/In-year Application:**

**Criteria Number:**

**Year / Class:**

**Allergies:**

**SEND:**

**If you do not provide the required evidence as above, it could impede your application and could have an effect on the criteria that your child will be ranked.**

**Applicant's Signature:** \_\_\_\_\_

\* Proof of address must be dated within the previous three months

# BASIC DETAILS

Name of Child: .....

Date of Birth: .....

Certificate Seen: YES / NO

Home Address: .....

.....

Post Code: .....

Mother's Full Name: .....

Mother's Address (if different to above): .....

.....

Mother's Phone Number: .....

Mother's Email Address: .....

Mother's Country of Origin: .....

Father's Full Name: .....

Father's Address (if different to above): .....

.....

Father's Phone Number: .....

Father's Email Address: .....

Father's Country of Origin: .....

Name of any Person other than above who has Parental Rights: .....

Address: .....

Phone Number: .....

Email Address: .....

Brothers or Sisters attending St Mary's RC Primary School:

Name: ..... D.O.B: .....

Name: ..... D.O.B: .....

Brothers or Sisters attending Other Schools: .....

**DIETARY DETAILS**

Has your child any known allergies? .....

No Fish  No Pork  No Eggs  No milk  No Dairy  No Nuts  Vegetarian

Other.....

**MEDICAL DETAILS**

Does your child have an Epi-Pen? Yes  No

Does your child take regular Medicine? .....

Is your child Toilet Trained? .....

Can she/he attend to her/his own needs in the Toilet? .....

Family Doctor's Name: .....

Address: .....

Health Visitor: .....

Clinic: .....

**Any other information you would like to make us aware of: (cultural, religious, medical, behavioural, etc.)**

.....  
.....  
.....  
.....  
.....  
.....

# CHILD'S ETHNICITY AND LANGUAGES

**Child's Ethnicity**

↓

**Please tick appropriate box:**

**Languages exposed to (heard or spoken at home)**

↓

**Please tick appropriate box/es:**

Any other Asian background		Acholi		Lingala / Losengo	
Any other Black background		Arabic		Luganda / Ganda	
Any other mixed background		Asante / Ashanti		Luo	
Bangladeshi		Bengali		Maltese	
Black - Ghanaian		Carib		Other	
Black - Nigerian		Cantonese		Punjabi	
Black - Somali		Croatian		Portuguese	
Black Caribbean		Dutch		Russian	
Chinese		Ebo		Singhalese	
Gypsy / Roma		Edo / Bini		Spanish	
Indian		English		Tagalog	
Latin / South / Central American		Fanti		Turkish	
Other Black African		French (Creole / Patois)		Twi / Twe / Tui	
Other ethnic group (please state below)		Greek		Urdu	
Pakistani		Guajarati		Urhobo	
Parent preferred not to say		Hindi		Yoruba / Owobo / Yorwoa	
Turkish		Ibo / Igbo			
White - British		Irish			
White - Irish		Italian			
White & Asian		Kinyarwanda / Ruanda			
White & Black African		Refused			
White & Black Caribbean					
White Eastern Europe					
White Other					
White Western Europe					

**First Language:** \_\_\_\_\_

**National Identity:** \_\_\_\_\_

**Country of Birth (e.g., United Kingdom, France)** \_\_\_\_\_

## RELIGIOUS DETAILS

Child's Religion: .....

Date of Baptism: .....

Place of Baptism: .....

Certificate Seen: YES / NO

Mother's Religion: .....

Church Mother Attends: .....

Father's Religion: .....

Church Father Attends: .....

### Reminder to Parents:

**As you have chosen to send your child to a Catholic school it is important that you set a good example by taking your child to church on Sunday and living out the gospel values in your family. You promised to do this at your child's Baptism.**

*THE CATHOLIC SCHOOL will work with YOU and the PARISH in helping your child to know, experience, celebrate and live the gospel values.*

**How will your child travel to school?**

**Please Circle: Bus Train Walk Car Bike Scooter**

## BACKGROUND DETAILS

**Previous Schools or Nurseries:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Has your child been identified with having any Special Educational Needs? YES / NO**

**If yes, please give details:**

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**Has your child received support from any of the following?**

- Health**
- Visitor Sure Start**
- Speech and Language Therapist**
- Early Years Centre**
- Educational**
- Psychologist CAMHS**
- Social Services**

**If yes, please give details:**

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**Has your child been identified with being more able? YES / NO**

**If yes, please give details:**

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**Do you have any concerns about your child's educational progress?**

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**EMERGENCY CONTACT**

Name of a responsible person who will take your child in an emergency other than child's Mother or Father.

Name:

.....

Address:

.....

.....

Tel.: .....

Relationship: .....

**Permission Slip:**

*Children are often taken out during school hours as part of their education.  
Please sign below if you give permission for staff to take your child out during school hours.*

**I give permission for my child:** .....

**To be taken off the school premises, with supervision, for school work.**

**Signed:** .....

**Date:** .....

***Please note:*** Children allocated either a part time or full-time place will need to complete a short period of induction before attending complete sessions every day. In some circumstances, and based on the child's needs, it may be deemed necessary to extend this period. In some instances, a parent/carer may be expected to stay on the premises until a child has settled.

**(Note:** From September 2000 children attending the Nursery do not gain automatic admittance into Reception. All parents wishing to apply for a Reception place will be asked to make a new application in the following academic year. Parents will be informed of all necessary information of when and how to apply.)





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**APPLICATION FOR NURSERY ADMISSION 2024 - 2025**

All sections of this Application Form and the Supplementary Form provided must be completed before the application can be considered by the Governors. Parents/Carers are responsible for ensuring this form is returned to the school office at St Mary's RC Primary School.

<b><u>DETAILS OF CHILD</u></b>	<b>SURNAME:</b>	<b>FIRST NAME:</b>
	<b>DATE OF BIRTH:</b>	<b>GENDER:</b>
	<b>RELIGION:</b>	<b>FIRST LANGUAGE:</b>

<b><u>DETAILS OF PARENTS/CARERS WITH WHOM THE CHILD RESIDES</u></b>		
<b>PARENT 1:</b>	<b>SURNAME:</b>	<b>FIRST NAME:</b>
	MR/MRS/MISS/MS	EMAIL:
	HOME TEL:	WORK TEL:
	ADDRESS:	RELATIONSHIP TO CHILD:
	POSTCODE:	N.I NUMBER:
<b>PARENT 2:</b>	<b>SURNAME:</b>	<b>FIRST NAME:</b>
	MR/MRS/MISS/MS	EMAIL:
	HOME TEL:	WORK TEL:
	ADDRESS:	RELATIONSHIP TO CHILD:
	POSTCODE:	N.I NUMBER:

<b><u>TYPE OF PLACE REQUIRED</u></b>		
<b>Please indicate the number of hours you would like your child to attend our nursery each week and add HMRC eligibility code if applicable:</b>		
<b>15 hours</b>	(5 mornings 9.00-12.00) Free universal nursery hours	
<b>30 hours</b>	(5 full days 9.00-3.30) I will be entitled to 30 hours of free childcare.	<b>Insert code:</b>
<b>30 hours</b>	(5 full days 9.00-3.30) I will not be entitled to additional free childcare, but would like to pay for 15 additional hours at £100 per week.	

If you are requesting a full-time place, and are not eligible for 30 hours free funding, you will be charged a top up fee for 15 hours per week. The top up fee will be for a maximum of 38 weeks a year. Invoices must be paid in full, in advance on the dates listed below to secure the nursery place. Non-payment will result in the place being withdrawn. The half termly payments are non-refundable. Payments do not include lunch.

Half Terms 2024 - 2025	Term Dates	Top Up Charge 2024 - 2025	To Be Paid By
Autumn 1	02/09/24 – 25/10/24 (7 weeks and 4 days)	£780.00	02/09/24
Autumn 2	05/11/24 – 20/12/24 (6 weeks and 4 days)	£680.00	05/11/24
Spring 1	06/01/25 – 14/02/25 (6 weeks)	£600.00	06/01/25
Spring 2	24/02/25 – 04/04/25 (6 weeks)	£600.00	24/02/25
Summer 1	22/04/25 – 23/05/25 (4 weeks and 4 days)	£460.00	22/04/25
Summer 2	03/06/25 – 22/07/25 (7 weeks and 1 day)	£720.00	03/06/25

#### DETAILS OF SIBLINGS ATTENDING THE SCHOOL

Surname	First Name	Date of Birth	Class

#### REASONS FOR APPLICATION

If you wish to give reasons for your application, please use the space below.

Name of Current Nursery:

If your child has a medical or personal reason for needing a place, you must tick this box and provide professionally supported evidence with your application.

#### DECLARATION

I/We have received a copy of the Nursery School Admission Policy.

I/We realise that completion of this Application Form does not secure my child a place in the Nursery.

I/We understand that the Governing Body will only consider this application once returned to the school with a completed Supplementary Form.

I/We understand there is no automatic right of transfer from the Nursery to Reception Class at Sacred Heart Catholic Primary School.

I/We confirm that the above information is correct to the best of my/our knowledge and I/we understand that the school reserves the right to reconsider the offer of a place should the information be incorrect.

I/We confirm that I will give the school a minimum of a one terms notice if I decide to withdraw my child's place from the Nursery. (Refunds will only apply with minimum of a one terms notice received in writing)

Signature Parent 1:

Date:

Signature Parent 2:

Date:

## St Mary's Values



Everyone should treat one another with dignity, kindness and respect. We put Christ at the heart of everything we do.

Our whole school ethos is based upon our Mission Statement, Gospel Values and Catholic Social Teaching Principles.



## St Mary's Primary School

### Home School Agreement

**2024 - 2025**



*“A man took a grain of mustard seed, and sowed it in his field. Indeed, the seed is smaller than all seeds but when it is grown, it is greater than the herbs, and becomes a tree, so that the birds of the air come and lodge in its branches.”*

*(Matthew 13.31)*



## St Mary's Agreement

St Mary's will do its best to:

- Provide a safe, secure and caring learning environment.
- Teach and encourage children to do their best at all times and achieve their full potential.
- Develop positive values centred upon the Catholic Faith and a caring attitude towards the school community and the environment.
- Provide a balanced curriculum of the highest quality and meet the individual needs of every child.
- Promote high standards of behaviour to ensure a safe and caring environment.
- Keep parents informed about school activities through newsletters, notices, website etc.
- Monitor the progress of children and provide advice and guidance to support their work.
- Set regular homework.
- Be welcoming and offer opportunities for parents/carers to become involved in the daily life of the school.
- Treat children fairly, care for them well and ensure their happiness.
- Help your child to develop a sense of responsibility, be considerate of others, and support them to make the right choices.
- Encourage good attendance and punctuality and recognise this with rewards and certificates.
- Invite parents/carers to attend events that celebrate children's success and achievements.

## Parent/Carer's Agreement

I/We will do my/our best to:

- Ensure my child attends school regularly, is punctual, properly equipped to learn and provide an explanation if my child is absent.
- Support the school to make sure my child maintains good behaviour.
- Ensure that my child wears the correct school uniform and wears their PE kit to school when required.
- Ensure all uniform items are clearly labelled.
- Encourage my child to always do their best.
- Ensure that my child's homework is completed and returned on time.
- Attend assemblies, Celebration of the Word & parent workshops and parent meetings.
- Support the school in upholding its standards and policies.
- Support all staff in their efforts to create a caring community which values children and their rights.
- To treat all members of the school community with respect and politeness.
- Work in partnership with the school.
- Keep school up to date with medical/dietary requirements.

**Signed**..... **Date**.....

**Signed**..... **Date**.....



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## **Admissions Form 2025 - 2026**

*In common with all Catholic primary schools in the Archdiocese of Southwark, information given will be confidential to those directly concerned with admissions at the school and your Parish Priest, Minister or Religious Leader. This form is required in addition to the Common Application Form which must be submitted directly to your local authority. You are strongly advised to read the school's admissions policy carefully, before completing this form.*

If applying for a place at **St Mary's RC Primary School** (under the Faith criteria), please ensure you make an appointment to see the Parish Priest of the Parish you usually attend to complete a **Catholic Certificate of Practice**. You should then return this certificate to the school office together with this Form and a copy of your child's **Baptism Certificate (if applicable) and proof of address**. You will also need to complete our Application pack.

NB. For Reception Admissions, you must also complete a Common Application Form from your home Local Authority. Wandsworth residents can complete this [online here](#) or obtain a paper form from the Council's Pupil Services team.

For In - Year admissions please contact St Mary's RC Primary School. If your child is already in a Wandsworth school, a school transfer form is available from your current school.

### **To be completed by a parent or guardian (referred to as the "parent")**

Surname of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Christian/forename(s) of child: \_\_\_\_\_

Religion/Denomination of child: (e.g. Roman Catholic) \_\_\_\_\_

Date and place of Baptism (if applicable): \_\_\_\_\_

Parent's/Guardian's name: \_\_\_\_\_

Parent's/Guardian's religion: \_\_\_\_\_

Home address: \_\_\_\_\_

*(must be the address where the child normally lives)*

\_\_\_\_\_

Postcode: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_  
(Mother/Father/Carer)

Contact email address: \_\_\_\_\_

**Details of siblings:**

If your child already has an older brother or sister attending St Mary's RC Primary School, who will still be on the roll in September 2025 please give details below:

Name(s): \_\_\_\_\_

Please add any other information that you may feel is relevant to this application in relation to the school's admissions policy in respect of an established medical need that may make only St Mary's RC Primary School suitable for your child. Strong and relevant evidence must be provided by an appropriate authority (e.g. *qualified medical practitioner or educational psychologist*). Continue on a separate sheet as necessary.

- I/we have received, read and understood the full details of the St Mary's RC Primary School Admissions Policy published on the school's website.
- I/we agree that the information on this form is true and accurate. I/we understand that any false or deliberately misleading information given on this form may render this application invalid, or lead to the offer of a place being withdrawn.

Signed: \_\_\_\_\_ (Parent/carer)

Date: \_\_\_\_\_

**Checklist:**

1. Completed the Common Application Form for your local authority (e.g. Wandsworth, Lambeth, Croydon) for the academic year beginning September 2025.
2. Enclosed Catholic Certificate of Practice
3. Enclosed Baptismal. or equivalent certificate.
4. Enclosed current financial year's council tax statement.

**Data Protection Act 1998**

The information provided on this form will be used for admission purposes only. This information may also be shared with Wandsworth Council to verify the information given and for the prevention and detection of fraud in relation to admission applications.



## ARCHDIOCESE OF SOUTHWARK

### CERTIFICATE OF CATHOLIC PRACTICE

#### Details of child (for identification only)

Full name of child: \_\_\_\_\_

Address of child: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am [the child's parish priest] [the priest in charge of the Church where the child practices] **[delete as applicable]**

I hereby certify that this child is known to me and, to the best of my knowledge and belief, the child is a practising Catholic.

Priest's name \_\_\_\_\_ Position \_\_\_\_\_

Parish (or ethnic chaplaincy) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Priest's signature \_\_\_\_\_

*Parish stamp or seal*

Date \_\_\_\_\_

# Free School Meals and Pupil Premium Application Form

Dear Parent/Carer

We want to make sure that we are providing your child with the best education and support we can. Healthy school food has obvious health benefits and can help pupils establish healthy habits for life. Healthy school food can also help to improve pupils' readiness to learn.

We understand that we have all gone through challenging times and personal circumstances may have changed for you as a family throughout the pandemic.

Families who receive certain benefits may be eligible for free school meals. Your child is eligible for free school meals if you are in receipt of one of the following benefits:

- \* Universal Credit with an annual net earned income of no more than £7,400;
- \* Income Support;
- \* Income-based Jobseeker's Allowance;
- \* Income-related Employment and Support Allowance;
- \* Support under Part 6 of the Immigration and Asylum Act 1999;
- \* The guarantee element of Pension Credit;
- \* Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit);
- \* Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190.

Registering for free meals could also raise an extra £1,345 for your child's primary school to fund valuable support like extra tuition, additional teaching staff or after school activities.

This additional money is available from central government for every child whose parent is receiving one of the benefits listed above.

To check if your child is eligible, we need information about you. Please complete this form.

## Parent/Carer

Parents' Full Name: _____
Parent D.O.B.: _____
Parent National Insurance Number: _____
<b>(OFFICE USE ONLY)</b> Eligible: Yes <input type="checkbox"/> No <input type="checkbox"/>

## Child details

Child's Full Name: _____
Child's D.O.B.: _____
<b>(OFFICE USE ONLY)</b> Eligible: Yes <input type="checkbox"/> No <input type="checkbox"/>

**DECLARATION:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By completing this form, I agree the information I have given is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals.**