



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



**Sacred Heart R.C. Primary School, Battersea**

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

Executive Headteacher Mr Jared Brading

Associate Head Mrs Nicola Byrne

**Welcome to Sacred Heart 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 Sacred Heart 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 Sacred Heart Catholic 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>Insert code:</b>
<b>30 hours</b>	(5 full days 9.00-3.30) I will be entitled to 30 hours of free childcare.	
<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.	
<p><b>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.</b></p>		

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 / 4 days)	£780.00	02/09/24
Autumn 2	05/11/24 – 20/12/24 (6 weeks / 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 / 4 days)	£460.00	22/04/25
Summer 2	03/06/25 – 22/07/25 (7 weeks / 1 day)	£720.00	03/06/25

<b><u>DETAILS OF SIBLINGS ATTENDING THE SCHOOL</u></b>			
Surname	First Name	Date of Birth	Class

<b>REASONS FOR APPLICATION</b>	
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.	

<b><u>DECLARATION</u></b>	
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:

## Sacred Heart Primary School Battersea



## At Sacred Heart Primary School Battersea our Mission is to:

Create a climate in which Christian values are taught, experienced, lived and celebrated. They are central to and shared by the whole school community - the children, staff, family, governors and parish.

Ensure every individual child is loved, appreciated and affirmed.

Enable and expect all pupils to achieve their full potential by providing a broad and balanced and relevant curriculum with equal opportunity to develop their academic, social, creative and sporting skills.

The partnership, between home and school is crucial for the children in order for excellent learning to take place.

This agreement serves to make clear the expectations of the children within our school community and our mutual responsibilities towards achieving them.

This serves as a foundation stone for the effective partnership between home and school.

## Home School Agreement



# Home School Agreement



## What are our obligations?

### As a school, in line with the school mission statement we will:

- Expect high standards of work.
- Provide effective teaching.
- Give your child's safety and well-being the highest priority.
- Expect and get high standards of behaviour.
- Keep you informed of your child's progress and attainment and send an annual report to you.
- Set homework regularly in line with our school policy. Monitor lateness and attendance.
- Treat you with courtesy and try to meet your aspirations for your child.
- Keep you informed about school activities through the weekly newsletters.

## As a family you will:

- Give your child every support to achieve the highest standards.
- Follow the school's health and safety guidelines as set out in the school prospectus.
- Support the school's policies and guidelines for behaviour.
- Attend the parent-teacher consultations and take an active part in monitoring your child's progress.
- Support your child in homework and ensure that it is completed.
- Ensure regular attendance and punctuality: sending a note to explain all absences and telephoning on the day to explain any absence.
- Treat all members of staff with courtesy and assist the school in meeting our aspirations for your child.
- Keep the school informed of any changes in circumstances at home.
- Ensure your child wears correct school uniform. Provide any equipment or other clothes required.
- Follow the complaints procedure if you are not satisfied with any aspect of the school.

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

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

Headteacher's signature: \_\_\_\_\_

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



## Federation of Sacred Heart and St Mary's RC School, Battersea

Please complete and sign the form below and if you are Catholic, hand it to your Priest or the Parish Priest at the Church at which you normally worship.

He will add his reference in Part 2.

If you are not Catholic, please hand the form to your priest, minister or faith leader who will add his or her reference in Part 3.

### PART 1 (To be completed by all Parents or Carers)

<p><b>Child's Forename:</b> _____ <b>Surname:</b> _____</p> <p><b>Religion/Denomination:</b> (e.g. Roman Catholic) _____ <b>Boy</b> <input type="checkbox"/> <b>Girl</b> <input type="checkbox"/></p> <p><b>Date and Place of Baptism (if applicable):</b> _____*</p> <p><b>Parents' Names: (Mother)</b> _____ <b>(Father)</b> _____</p> <p><b>Parents' Religions / Denominations:</b> _____</p> <p><b>Home Address:</b> _____</p> <p><b>Postcode:</b> _____</p> <p><b>Contact Numbers:</b> _____</p>
<p><b>If Catholic, indicate which Mass you normally attend:</b></p> <p><b>Saturday at:</b> _____ <b>time.</b>      <b>Sunday at:</b> _____ <b>time.</b></p> <p><b>Parish in which you live: (e.g. Sacred Heart, St Vincent de Paul)</b> _____</p> <p><b>Usual place of worship (if different):</b> _____</p> <p><b>How long have you worshipped there?</b> _____ <b>Years.</b></p> <p><b>How often do you attend Mass?</b>    <input type="checkbox"/> <b>Weekly</b>    <input type="checkbox"/> <b>Fortnightly</b>    <input type="checkbox"/> <b>Monthly</b>    <input type="checkbox"/> <b>Occasionally</b> <input type="checkbox"/> <b>Not known</b></p>
<p><b>I confirm that the information we have given on this form is accurate and truthful:</b></p> <p><b>Signed:</b> _____ <b>Parent/Carer</b>    <b>Date:</b> _____</p>

\* **Baptism Certificate:** The school will require sight of an original Baptism Certificate as part of the application.  
Originals will be returned.

**PART 2 (To be completed by Catholic Priests only)**

I am satisfied that the child is a baptised Catholic

Yes

No

**Parent/Carer**

Are the parents known to you?

Yes  No

**Child**

Is the child known to you?

Yes  No

Weekly attendance at Mass

Weekly attendance at Mass

Fortnightly attendance at Mass

Fortnightly attendance at Mass

Monthly attendance at Mass

Monthly attendance at Mass

Occasional attendance at Mass

Occasional attendance at Mass

Not known

Not known

How long have the parent(s)  
attended your Church?

**Comment (if appropriate) regarding the points above:** If you consider that there are valid reasons for Mass attendance to be considered equivalent to weekly because of illness or other reasons, please state this below:

**Priest's Name:** \_\_\_\_\_

**Parish (or Ethnic Chaplaincy):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel.:** \_\_\_\_\_

**Priest's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parish Stamp or Seal**

**PART 3 (To be completed only by Priests / Ministers of other denominations or faiths)**

I confirm that this family are members of our faith community  The family is not known to me

**Name of Minister:** \_\_\_\_\_

**Parish or Faith Community:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Church Stamp or Seal**

**Please circle below:**

**Weekly Mass**

**Monthly Mass**

**Occasional Mass**

**Not Known**

Comment regarding the points above: (Please attach letter if required).

**To the Priest, Minister or Other Faith Leader:** Please return the completed form to the school.

# 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.**