



ST ALOYSIUS'  
COLLEGE

# START YOUR STORY

## APPLICATION FOR KINDERGARTEN

Every journey starts somewhere and at St Aloysius' College it begins in Admissions. As a school, we want to get to know you and your family. To help us, please complete this form and return to our Admissions Department.

### SECTION 1 - ABOUT YOUR FAMILY

#### CHILD

First Name(s): \_\_\_\_\_ Child's Surname: \_\_\_\_\_

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

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

Postcode: \_\_\_\_\_ Proposed Start Date (MM/YYYY): \_\_\_\_\_

Proposed Year Group:  Ante School (KG1)  Pre School (KG2)

Current Nursery (if applicable): \_\_\_\_\_ Consent to contact nursery (please tick):

Address of Nursery: \_\_\_\_\_

School Telephone: \_\_\_\_\_ Postcode: \_\_\_\_\_

Have you previously applied for a place for this child at the College? **YES / NO**

Has this child, or any siblings previously attended the College? **YES / NO**

Please provide details: \_\_\_\_\_

## PARENTS/CARERS

Parent/Carer 1:	Parent/Carer 2:
Salutation:	Salutation:
First Name(s):	First Name(s):
Surname:	Surname:
Relationship to Child:	Relationship to Child:
Old Aloysian: <b>YES / NO</b>	Old Aloysian: <b>YES / NO</b>
Address:	Address:
Post Code:	Post Code:
Home Telephone:	Home Telephone:
Mobile:	Mobile:
Email:	Email:
Preferred Admissions Contact: <b>PARENT/CARER 1</b> <input type="checkbox"/>	<b>PARENT/CARER 2</b> <input type="checkbox"/>

## NATIONALITY

Nationality of Child:

Nationality of Parent/Carer 1:

Nationality of Parent/Carer 2:

## SIBLINGS

Please list this child's siblings, giving details below:

Name	DOB	Current School	Also Applying to St Aloysius' Y/N

## SECTION 2 - GETTING TO KNOW YOU AND YOUR CHILD

Why St Aloysius'?

To which other nurseries are you applying? (if any)

Do you have any family connection to the College or another Jesuit school?

## SECTION 3 - PARTNERSHIP FUNDING

St Aloysius' College Kindergarten works in partnership with local councils to deliver 1140 funded hours on a term-time basis. The core funded Kindergarten hours are 8.30am - 3pm.

Please tick here if you are applying for partnership funding for your child:

If yes, please specify which local council you are applying to:

## SECTION 4 - MEETING THE NEEDS OF YOUR CHILD

We want to make sure that we meet the needs of every child in the Green Blazer. To do this, we ask that you disclose any educational, physical or medical needs that would require support to be provided in school.

Educational:

Physical:

Medical:

Any other needs:

*Please enclose all supporting reports, forms and information relating to your child's needs as an appendix to your application.*

## SECTION 5 - DECLARATION

I / We being the parent(s) of or being the person(s) having parental rights in respect of the child:

- a. Hereby apply for a place for this child at St Aloysius' College*
- b. Accept that this application is subject to the College's Admissions Policy*
- c. Recognise that the College has no obligation to offer a place or accept this child as a pupil*
- d. Authorise the child's current school to disclose financial and educational information for this child*
- e. Confirm that all fees relating to independent schools are paid and up to date*
- f. Accept that if the College offers a place and it is not accepted within the time and conditions stipulated then the offer is considered declined and refused*

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**Signature Parent(s) or Carer(s):**

**Date:**

## SECTION 6 - APPENDIX CHECKLIST

Please tick the relevant boxes to confirm the enclosed appendices. Please do not enclose original copies. The College has no liability for the loss of any appendix.

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| <i>a. Completed application form</i>                                 | <input type="checkbox"/> | <i>b. Copy of child's birth certificate</i>                     | <input type="checkbox"/> |
| <i>c. Copy of child's most recent nursery report (if applicable)</i> | <input type="checkbox"/> | <i>d. Copy of child's baptismal certificate (if applicable)</i> | <input type="checkbox"/> |

If any of the following appendices are applicable to your child, they should also be enclosed. Please tick to confirm.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <i>e. Copy of reports regarding specific needs</i> | <input type="checkbox"/> | <i>f. Any further supporting documentation</i> | <input type="checkbox"/> |
|--|--------------------------|--|--------------------------|

Please return your completed form and all appendices to the address below. We will then be in touch about taking the next step in your admissions journey.

### **Admissions Department**

St Aloysius' College, 45 Hill Street, Glasgow, G3 6RJ  
Admissions@staloyusius.org  
0141 332 3190