

Name and Address of School:

Child's Details

Child's surname:	
Child's Christian or other first name:	
Home Address:	Date of Birth:
	Postcode:

Parent/Carer Details

1 st Parent(s)/Carer(s)	
name:	
Address:	
Telephone number:	
Alternative contact details:	
Name:	
Address:	
Telephone number:	

Details of Religion

Religion of child: (Please tick)	Catholic	Other Christian (name of denomination e.g Methodist)	Other faith
Catholic Parish you I	ive in:		
Church where child v baptism: (baptism ce	was baptised and date of ertificate required)		

Name and position of priest or religious leader supplying reference (where appropriate) :		
Names of brothers or sisters at this school who will still be on roll in September 2017:	Name	Class or Year Group
Is your child 'looked after' by the Local Authority, adopted or subject to a residency or special guardianship order, having previously been 'looked after'? (Please circle your response)	YES	NO

Does your child have exceptional medical, pastoral or social needs that can only be met by attendance at this school? Please circle. (Professional evidence will be required at the time of application.)

YES

NO

I confirm that I have read and understood the Admissions Policy and that the information I have provided is correct. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate that the governors may withdraw any offer of a place even if the child has already started school.

Signed.....

Date.....

Please note:

• You **must** complete your local authority's Common Application Form and return it to the council offices by the closing date. If you do not do this you will not be offered a place.

Checklist:

Have you enclosed? Copy of baptism certificate?

Evidence of exceptional need (where appropriate)

Have you completed your local authority's Common Application form?