APPLICATION FOR RECEPTION 2018 ST FRANCIS' CATHOLIC PRIMARY SCHOOL

Children born between 1^{ST} SEPTEMBER 2013 AND 31^{ST} August 2014

CLOSING DATE - 15 JANUARY 2018

Please return this form to the School Office.

Child's Christian/Forename:		Surname:		
Chosen Name:		Gender:	Male/Female (Please Circle)	
Date of Birth:				
All correspondence to 1	oe addressed to Mr & Mrs/	Mr/Mrs/Ms (delete	as appropriate)	
Name:Relations		Relationship to	child:	
Address:				
		Post	Post Code:	
Telephone Number: Home:		Mobile:		
Brothers/sisters curre	ntly attending school:			
Surname	First Name		Date of Birth	

Which Church do you regularly a	ttend?		
I can confirm that all the infor knowledge. I understand that i application.	•		•
I have requested a Certificat worship (if applicable).	te of Catholic Pr	actice/letter of support	from my place of
Along with this Application F	Form, you <u>must</u>	present the originals	of the following
 ✓ Your child's Baptismal Certif ✓ Your Council Tax Bill, Housing ✓ A utility bill dated within telephone bill or bank staten 	g Benefit or Cour 6 months of t		•
Application forms should be pres	sented at the sch	ool office.	
I wish for my child to be educate	ed in a Catholic S	school.	
Signed: (Parent/Carer)		Date:	
FOR OFFICE USE ONLY			
Received by:	Date:	Receipt No:_	
Copies of the following documen	tation attached t	o this application:	
■ Baptismal Certificate			
☐ Proof of address (1)	Туре	Date of iss	sue:
☐ Proof of address (2)		Date of iss	
For Office Use Only: 0/5 Category:	Sibling:	Looked after (Y/N):	Distance: