IN YEAR APPLICATION FOR

ST FRANCIS' CATHOLIC PRIMARY SCHOOL

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 be addressed to Mr & Mrs/Mr/Mrs/Ms (delete as appropriate) Relationship to child: Address: Post Code: _____ Telephone Number: Home: ______ Mobile: Siblings currently attending school: Surname First Name Date of Birth

Which Church do you regularly	attend?	
	_	this form is true to the best of my knowledge. s may invalidate my application.
I have requested a Certificate o	f Catholic Practice or a lette	er of support from my place of worship (if applicable).
Along with this Application Fo	rm, you <u>must</u> present the c	originals of the following documentation:
	lousing Benefit or Council	Tenancy Agreement for the current year. lication i.e. gas, electricity, water, telephone bill on
Application forms should be p	resented at the school offic	ce.
I wish for my child to be educa	ited in a Catholic School.	
Signed:(Parent/Carer)		Date:
FOR OFFICE USE ONLY Received by:	Date:	Receipt No:
Copies of the following docum	entation attached to this a	pplication:
☐ Baptismal Certificate		
☐ Proof of address (1)	Туре:	Date of issue:
☐ Proof of address (2)	Type:	Date of issue:

Sibling:

Looked after (Y/N):

Distance:

For Office Use Only: 0/S Category: