



**Pupil Admission Details**

**PLEASE COMPLETE EACH SECTION BELOW IN BLOCK CAPITALS**

<b>Child's Legal Surname:</b>	<b>Child's Legal Forename(s):</b>	
<b>Child's known as name:</b>		
<b>Male:</b> <input type="checkbox"/> <b>Female:</b> <input type="checkbox"/>	<b>Child's Date of Birth:</b> Please supply the birth certificate to be copied	
<b>Child's Resident Address:</b>	<b>Who lives at this address:</b> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Brothers/sisters <input type="checkbox"/> Step brothers/sisters <input type="checkbox"/> Other adults/children: ..... .....please specify	
<b>Postcode:</b>		
<b>Home Telephone Number:</b>	<b>Mobile number Mum:</b>	
	<b>Mobile number Dad:</b>	
<b>Siblings:</b>		
<b>1) Full name:</b>	<b>Date of Birth:</b>	
<b>2) Full name:</b>	<b>Date of Birth:</b>	
<b>3) Full name:</b>	<b>Date of Birth:</b>	
<b>Doctors Name:</b>		
<b>Practice Name and Full Address:</b>		
<b>Doctors Telephone Number:</b>	<b>Permission to contact child's doctor in case of emergency:</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
<b>Does your child have any medical conditions:</b> If yes please give details		
<b>Does your child have any allergies?</b> If yes please give details		
<b>Child's Religion:</b>	<b>Practising in their religion?:</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/> • If yes please complete declaration overleaf	
<b>Date of Baptism:</b> Please supply Baptism certificate to be copied:	<b>Church Name and Address where baptized:</b>	
<b>Child's Nationality:</b>	<b>Child's Ethnicity:</b>	
<b>Child's main language spoken (outside of home):</b>	<b>Other languages spoken:</b>	
<b>Main language spoken at home:</b>	<b>Other languages spoken at home:</b>	
<b>Previous school attended (if any):</b> Please give name, address and contact telephone:		
<b>Dates attended from:</b>	<b>to:</b>	
<b>Are you entitled to free school meals?</b>		
<b>Are there any court orders in place or in process regarding this child:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If yes please give details and attach a copy:</b>		

**EMERGENCY CONTACT DETAILS:** Please give daytime details of people we may contact if your child is taken ill or has an accident. Wherever possible, please give names and addresses of both parents together with contact details of another person (s) and indicate the order in which you would like us to contact them. Please note that unless an order under section 8 of The Children Act 1989 is in force we are obliged to treat all those with parental responsibility equally and they are entitled to receive school reports and participate in the exercise of other parental rights, such as voting, attending parents' evenings etc.

<b>Mother's name in full:</b>	<b>Mrs/Miss/Ms</b>
<b>Address if different from child's:</b>	
<b>Home phone (if different from child's)</b>	
<b>Mobile telephone number:</b>	
<b>Work telephone number:</b>	
<b>Place of work:</b>	
<b>What hours do you usually work each week?</b>	<b>Contact preference: 1 / 2 / 3</b>

<b>Father's name in full:</b>	
<b>Address if different from child's:</b>	
<b>Home phone (if different from child's)</b>	
<b>Mobile telephone number:</b>	
<b>Work telephone number:</b>	
<b>Place of work:</b>	
<b>What hours do you usually work each week?</b>	<b>Contact preference: 1 / 2 / 3</b>

Please state if the child's parents are separated, divorced or deceased and if the child is part of a single parent family. Also give details of any changes of name: .....

<b>Name of contact person:</b>	<b>Mr / Mrs / Miss / Ms</b>
<b>Address:</b>	
<b>Home phone:</b>	
<b>Mobile telephone number:</b>	
<b>Work telephone number:</b>	
<b>Relationship to child:</b> Step parent / grandparent / other relation / child minder / other: .....	

Signed: ..... Date: .....

Name (printed please): .....

Relationship to child: .....

**\*If you have stated that your family is practicing in your faith, please complete:**

Church / place of current worship: .....

**To be completed by the Priest / Minister where you worship:**

The child's family are practicing in their faith

The child is baptized / currently enrolled for Catechumate programme and is known to me

I therefore support this application

Signed: ..... Date: .....

Name printed: ..... Position in establishment: .....