APPLICATION FOR RECEPTION 2025 ST FRANCIS' CATHOLIC PRIMARY SCHOOL

Children born between 1^{ST} SEPTEMBER 2020 AND 31^{ST} August 2021

CLOSING DATE - 15 JANUARY 2025

Please return this form to the School Office.

Child's Christian/Fore	name:	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)
Name:Relation		_ Relationship to	child:
Address:			
		Post	Code:
Telephone Number: Home:		Mobile:	
Brothers/sisters curr	ently attending school:		
Surname	First Name		Date of Birth

Which Church do you regularly at	rtend?				
I can confirm that all the information I have given on this form is true to the best of my knowledge. I understand that if I have given any false information, this may invalidate my application.					
I have requested a Certificate worship (if applicable).	e of Catholic Pr	actice/letter of support	from my place of		
Along with this Application F documentation:	orm, you <u>must</u>	resent the originals	of the following		
 ✓ Your child's Baptismal Certifi ✓ Your Council Tax Bill, Housing ✓ A utility bill dated within 6 m bill or bank statement. 	Benefit or Cour	• •	•		
Application forms should be pres	ented at the sch	ool office.			
I wish for my child to be educate	ed in a Catholic S	ichool.			
Signed: (Parent/Carer)		Date:			
FOR OFFICE USE ONLY					
Received by:	Date:	Receipt No:			
Copies of the following document	ation attached t	o this application:			
■ Baptismal Certificate					
□ Proof of address (1)	Туре	Date of is	sue:		
☐ Proof of address (2)			Date of issue:		
For Office Use Only: 0/S Category:	Sibling:	Looked after (Y/N):	Distance:		