## APPLICATION FOR RECEPTION 2021 ST FRANCIS' CATHOLIC PRIMARY SCHOOL

Children born between 1<sup>st</sup> September 2015 and 31<sup>st</sup> August 2016 Closing date – 15<sup>th</sup> January 2021

Please return this form to the	e School Office		
Child's Christian/Forename:		Surname:	
Chosen Name:		_ Gender:	Male/Female (Please Circle)
Date of Birth:		_	
All correspondence to be addressed to	o Mr & Mrs/Mr/M	Irs/Ms (delete as appropriate)	
Name:		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?

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 of Cat	holic Practice or a l	etter of support fro	om my place of worship (if applicable	e).
<ul> <li>Along with this Application Form, y</li> <li>✓ Your child's Baptismal Cert</li> <li>✓ Your Council Tax Bill, Housi</li> <li>✓ A utility bill dated within the bank statement.</li> </ul>	ificate. ing Benefit or Cour	icil Tenancy Agreer		or
Application forms should be preser	nted at the school o	office.		
I wish for my child to be educated i	in a Catholic Schoo	I.		
Signed:		Date: _		
FOR OFFICE USE ONLY Received by:			Receipt No:	_
Copies of the following documenta	tion attached to th	is application:		
Baptismal Certificate				
Proof of address (1) Type	pe:		Date of issue:	
Proof of address (2) Type Type Proof of address (2)	pe:		Date of issue:	
For Office Use Only: 0/S Category:	Sibling:	Looked after (Y/N):	Distance:	