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│           APPLICATION FOR RECEPTION 2021                 │
│        ST HELEN'S CATHOLIC PRIMARY SCHOOL                │
│                                                          │
│  Children born between 1ST SEPTEMBER 2016 AND 31ST       │
│  August 2017                                             │
│                                                          │
│           CLOSING DATE – 15 JANUARY 2021                 │
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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)

Name:_____ Relationship to child:_____

Address:_____

_____

_____ Post Code: _____

Telephone Number: Home:_____ Mobile:_____

Email address: _____

Brothers/sisters 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 Catholic Practice/letter of support from my place of worship (if applicable).

Along with this Application Form, you **must** present the originals of the following documentation:

- ✓ Your child's Baptismal Certificate
- ✓ Your Council Tax Bill, Housing Benefit or Council Tenancy Agreement for the current year
- ✓ A utility bill dated within 6 months of this application i.e. gas, electricity, water, telephone bill or bank statement.

Application forms should be presented at the school office.

I wish for my child to be educated in a Catholic School.

Signed: _____   Date: _____
(Parent/Carer)

FOR OFFICE USE ONLY

Received by:_____Date:_____Receipt No:_____

Copies of the following documentation attached to this application:

☐ Baptismal Certificate

☐ Proof of address (1)   Type _____   Date of issue:_____

☐ Proof of address (2)   Type _____   Date of issue:_____

<u>For Office Use Only:</u>   O/S Category: Sibling: Looked after (Y/N):   Distance: