APPLICATION FOR RECEPTION 2021 ST WINEFRIDE'S CATHOLIC PRIMARY SCHOOL

Children born between 1st September 2016 and 31st August 2017 Closing date - 15th January 2021

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:	Relatio	onship 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 Catholic Practice or a 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.

For Office Use Only: 0/S Category:

- ✓ 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: Receipt No: Date: Copies of the following documentation attached to this application: ☐ Baptismal Certificate ☐ Proof of address (1) Date of issue: Type: Proof of address (2) Type: Date of issue:

Looked after (Y/N):

Distance:

Sibling: