APPLICATION FOR RECEPTION 2022

ST FRANCIS' CATHOLIC PRIMARY SCHOOL

Children born between 1st September 2017 and 31st August 2018

Closing date – 15th January 2022

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 address	ed to Mr & Mrs/Mr/Mr	rs/Ms (delete as appropriate)	
Name:		Relationship to child:	
Address:			
			Post Code:
Telephone Number: Home:		Mobile:	
Siblings currently attending school	ol:		
Surname	First Name		Date of Birth

Which Church do you regularly atte	nd?		
I can confirm that all the informa understand that if I have given any f	•		•
I have requested a Certificate of Ca	tholic Practice or a	letter of support from my p	lace of worship. (if applicable)
	tificate. sing Benefit or Coo 6 months of this a	uncil Tenancy Agreement for pplication i.e. gas, electricity	the current year.
I wish for my child to be educated in	n a Catholic School		
Signed:(Parent/Carer)		Date:	
FOR OFFICE USE ONLY Received by:	Date:	1	Receipt No:
Copies of the following documentat	ion attached to this	application:	
☐ Baptismal Certificate			
☐ Proof of address (1) Typ	oe:	Date of iss	ue:
☐ Proof of address (2) Typ	pe:	Date of is	sue:
For Office Use Only: 0/S Category:	Sibling:	Looked after (Y/N):	Distance: