## **APPLICATION FOR RECEPTION 2022**

## ST WINEFRIDE'S CATHOLIC PRIMARY SCHOOL

Children born between 1<sup>st</sup> September 2017 and 31<sup>st</sup> August 2018 Closing date – 15<sup>th</sup> January 2022

Please return this form to th	e 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/Mrs,	/MS (delete as appropria	te)	
lame:		Relationship	Relationship to child:	
Address:				
Felephone Number: Home:		Mobile:		
Siblings currently attending schoo	l:			
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 **<u>must</u>** 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 docu	mentation attached to this applicat	tion:
Baptismal Certificate		
Proof of address (1)	Туре:	Date of issue:
Proof of address (2)	Туре:	Date of issue:
For Office Use Only:		
<b>Category:</b> 1 2 3 4 5	6 7 8 9 <b>Sibling:</b> Y N	Looked after: Y N Distance: