

APPLICATION FOR RECEPTION 2024
ST HELEN'S CATHOLIC PRIMARY SCHOOL

Children born between 1ST SEPTEMBER 2019 AND 31ST August 2020

CLOSING DATE - 15 JANUARY 2024

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
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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: _____

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