

# RECEPTION September 2024

## ST. EDWARD'S CATHOLIC PRIMARY SCHOOL

Children born between: 01/09/2019 TO 31/08/2020  
**CLOSING DATE: 15/01/2024**

**Applications can only be accepted for children currently resident in the UK**  
**Please return this form by hand to the School, Admin Office, for which you applied, so that you may get a receipt.**

Child's Christian/Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Chosen Name: \_\_\_\_\_ Gender: Male/Female  
(Please Circle)

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Contact details	Contact 1	Contact 2
Name:		
Address:		
Post Code:		
Home Number:		
Mobile Number:		
Email Address:		
Relationship to child:		
Religion:		

Brothers/sisters currently attending St Edward's Catholic Primary School:

Surname	First Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's current Nursery \_\_\_\_\_

Which Church do you regularly attend? \_\_\_\_\_

Where was your child baptised? \_\_\_\_\_

Child's Date of Baptism \_\_\_\_\_

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 filled in the form regarding my religious practice, and handed it to the Parish Priest where I worship. Submission Date [ ]**

**I have completed the CAF form for 2024 Yes [ ] No [ ] online.**

**The reference number is [ ]**

- ✓ Your child's Birth Certificate
- ✓ 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; a telephone bill or bank statement.

Application forms are to be presented by hand to the school office.

I wish for my child to be educated in a Catholic School and will support the Catholic ethos of the school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Carer)

**PLEASE ENSURE YOU GET A RECEIPT WHEN YOU SUBMIT YOUR FORM**

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Copies of the following documentation attached to this application:

- |   |  |
|---|--|
| <input type="checkbox"/> Birth certificate    | <input type="checkbox"/> Baptismal certificate |
| <input type="checkbox"/> Proof of address (1) | <input type="checkbox"/> Proof of address (2)  |

For Office Use Only:

O/S Category:

Sibling:

Exceptional Circ (Y/N):

Distance: