

**IN YEAR APPLICATION FOR  
ST HELEN'S CATHOLIC PRIMARY SCHOOL**

*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: \_\_\_\_\_

Siblings 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 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.
- ✓ 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: \_\_\_\_\_  
(Parent/Carer)

Date: \_\_\_\_\_

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**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: