

APPLICATION FOR RECEPTION 2018

ST HELEN'S CATHOLIC PRIMARY SCHOOL

Children born between 1st September 2013 and 31st August 2014

Closing date – 15th January 2018

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

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: _____ 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: