SCHOOL APPLICATION FORM

Child's First Name:_____ **Child's Surname/Family Name:**_____

Date of Birth: Day ☐ Month ☐ Year ☐ Boy ☐ Girl ☐

Address: _____

_____

Tel No: _____

Name of school currently attending **(if any)** _____

Name of parent(s) or carer with whom the child lives:

Name_____ Relationship_____Tel No_____

Name_____Relationship_____Tel No_____

***Siblings attended (if any)**

_____

_____

*Sibling refers to brother or sister, half brother or sister, adopted brother or sister, step brother or sister, or the child of a parent/carer's partner, and in every case, the child should be living in the same family unit at the same address.

Do you attend Church ? ☐ yes ☐ no

If yes how many times a month do you attend _____

Please note a letter of confirmation from your clergy is required by the school.
Please complete the attach 'clergy form'

Signed:_____Parent/Carer Date:_____

All informaton requested on this form is covered by the Data Protection Act 1998 and will be stored on a computer and in a contact file.