

REQUEST FOR A MAIN SCHOOL/NURSERY PLACE AT ST ALPHONSUS RC PRIMARY SCHOOL

ADMISSION FORM
(Revised February 2022)

PLEASE COMPLETE ALL SECTIONS

GENERAL INFORMATION

Surname of child: _____

Forenames of child: _____

Date of Birth: _____ Class/Year Group on admission _____

Sex M/F _____

Name(s) of other siblings currently in attendance at St Alphonsus RC PS at the time of the proposed admission

HOME ADDRESS

POST CODE _____

HOME PHONE NUMBER (IF APPLICABLE) _____

MAIN MOBILE NUMBER _____

EMAIL ADDRESS _____

NAME OF 1ST PARENT/GUARDIAN (MALE/FEMALE) Please circle one

(Please circle one) Mr/Mrs/Miss/Ms _____

ADDRESS OF PARENT/GUARDIAN 1

_____ POST CODE _____

PHONE/MOBILE NUMBER _____

DO YOU HAVE PARENTAL RESPONSIBILITY FOR THE ABOVE NAMED CHILD - YES/NO (PLEASE CIRCLE ONE)

YOUR RELATIONSHIP TO CHILD _____

NAME OF 2ND PARENT/GUARDIAN (MALE/FEMALE) Please circle one

(Please circle one) Mr/Mrs/Miss/MS _____

ADDRESS OF PARENT/GUARDIAN 2

_____ POST CODE _____

PHONE/MOBILE NUMBER _____

DO YOU HAVE PARENTAL RESPONSIBILITY FOR THE ABOVE NAMED CHILD - YES/NO (PLEASE CIRCLE ONE)

**YOUR RELATIONSHIP TO THE ABOVE NAMED CHILD _____
RELIGIOUS BACKGROUND/INFORMATION**

Religious Denomination: _____

Has your child been baptised? YES/NO

Date of Baptism (if applicable) _____

Church of Baptism (if applicable) _____

Baptism Certificate enclosed with this application form YES/NO

EMERGENCY CONTACT DETAILS

If we are unable to contact parents in an emergency please give details of other persons who have given permission for us to contact them.

Please place them in the order that you wish them to be contacted.

EMERGENCY CONTACT NUMBER 1

Name: Mr/Mrs/Miss/Ms _____

Address: _____

Telephone No (Home) _____ Mobile _____ Work _____

Relationship to Child _____

EMERGENCY CONTACT NUMBER 2

Name: Mr/Mrs/Miss/Ms _____

Address: _____

Telephone No (Home) _____ Mobile _____ Work _____

Relationship to Child _____

EMERGENCY CONTACT NUMBER 3

Name: Mr/Mrs/Miss/Ms _____

Address: _____

Telephone No (Home) _____ Mobile _____ Work _____

Relationship to Child _____

EMERGENCY CONTACT NUMBER 4

Name: Mr/Mrs/Miss/Ms _____

Address: _____

Telephone No (Home) _____ Mobile _____ Work _____

Signed Parent/Guardian _____ Date: _____

MEDICAL INFORMATION

Doctor _____ Telephone No: _____

Address of Surgery:

MEDICAL OR DIETARY CONDITIONS

HALAL FOOD ONLY (Please circle if applicable)

MEAL ARRANGEMENT: (Please circle one from the list below)

PAID SCHOOL MEAL/UIFSM FOR INFANT CHILDREN ONLY/FREE SCHOOL MEAL THROUGH BENEFITS/PAKED LUNCH FROM HOME/ OTHER

MODE OF TRAVEL TO SCHOOL: (Please circle one from the list below)

Car Walk School Bus Public Transport Taxi Train Bicycle

PREVIOUS EDUCATIONAL HISTORY (if applicable)

Previous Schools Attended and Dates from/to:

ETHNIC INFORMATION

Ethnicity _____ (Please select ONE category from the attached list)

1st Language Child Introduced to from Birth: _____

Home Language _____

Is English and Additional Language for your child YES/NO (please delete as applicable)

Nationality _____

Country of Birth _____

This form was revised February 2022

FOR OFFICE USE ONLY:

Date Form Returned to school _____

Proposed Date of Admission _____

Date Place Offered for child _____

Approved by Headteacher/Chair of Governors _____