



## ST ANTHONY'S CATHOLIC PRIMARY SCHOOL



### APPLICATION FOR ADMISSION

#### Form Received by

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

#### **GENERAL DETAILS OF PUPIL**

Surname: \_\_\_\_\_ Parent's Email address: \_\_\_\_\_

Forename(s) \_\_\_\_\_

Male  Female

Pupil Address: *(Current)* \_\_\_\_\_ Postcode: \_\_\_\_\_

#### If moving into the area, please state the address you are moving to:

Pupil Address: *(moving to)* \_\_\_\_\_ Postcode: \_\_\_\_\_ Likely date of move \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Year Group: \_\_\_\_\_ (Yr 7, Yr 8 etc)

Name of Parents/Carers: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pupil Address: *(Previous)* \_\_\_\_\_ Postcode: \_\_\_\_\_

Religious Affiliation Roman Catholic  Church of England  Other:

Parents'/Carers' Address: \_\_\_\_\_  
*(If different from pupil's)* \_\_\_\_\_

#### Previous Schools/Educational Placements

Authority	Establishment Name/ Address	From	To	Tel No

#### **SIBLINGS AT THE SAME SCHOOL**

Details of siblings who will be attending the school now being applied for. (*Siblings includes brothers and sisters, stepchildren, half brothers and sisters, adopted and foster children living with the same family at the same address*).

Name(s)	Date of Birth	School	Female	Male

#### **D. PUPIL BACKGROUND**

##### **(Previous Education/Support History (Please tick as appropriate)**

		Contact Name	Contact No
Is this pupil in care (looked after)?	Yes		
If yes, to which Local Authority			
Children's Services involvement? (Social Worker)	Yes <input type="checkbox"/>		
Previously Permanently Excluded?	Yes <input type="checkbox"/>		
Previous Exclusion Record?	Yes <input type="checkbox"/>		

Special Educational Needs Status (SEN)	Full Statement of SEN	<input type="checkbox"/>
	Under Formal Assessment	<input type="checkbox"/>
	Enhanced Action/Funding	<input type="checkbox"/>
	School Action +	<input type="checkbox"/>
	School Action	<input type="checkbox"/>
Non Attendance (over one term)	Yes	<input type="checkbox"/>
CME Involvement? (non-attendance)	Yes	<input type="checkbox"/>
CAMHS Involvement? (adolescent mental health)	Yes	<input type="checkbox"/>
Health Authority Involvement?	Yes	<input type="checkbox"/>
Youth Offending Team Involvement?	Yes	<input type="checkbox"/>
Traveler Education Service Involvement?	Yes	<input type="checkbox"/>
Secure Unit Placement	Yes	<input type="checkbox"/>
GRIP Support	Yes	<input type="checkbox"/>
Other (Please give brief details)	.....	
<b>For information:</b>	CME	= children missing education (non-attendance)
	CAMHS	= community adolescent mental health service
	GRIP	= group intervention panel

**Additional Information About Your Application/School Preferences**

Additional information to support your application may be provided. This can be medical, social and welfare information relating to the pupil and/or the family. Evidence from an appropriate professional (eg doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary.

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**E. Signature(s)**

I/We confirm that the information provided is accurate at the time of this application. I/We acknowledge that the admission authority and/or Local Authority have the right to verify the information given on this application. I/we acknowledge that the offer of a place will be based upon this application and that an offer may be withdrawn if subsequently it is found to have been made in relation to inaccurate or misleading information. I/we will provide evidence of the pupil's permanent address and date of birth prior to or after taking up a school place if requested.

<b>Parent(s)/Carer(s)</b>	<b>Date:</b>
<b>Parent(s)/Carer(s)</b>	<b>Date:</b>

Please return this form to St Anthony's Catholic Primary School