

The Federation of St Elphege's Catholic Schools Mollison Drive, Wallington, SM6 9HY | Tel: 020 8669 6306 | www.stelphegesrcschools.org.uk

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Executive Head Teacher: Mr M Jones

Head Teacher: Mr L Hawkes

Deputy Head Teachers: Mrs R Duffy & Mrs N Hawkes

Admissions Administration Form

Pupil information	on - all applic	ants					
Child	's Surname:		Child's For	ename:			
	Child's DOB:		Girl:		Boy:		
Addr	ess of Child:						
Application fo	or Academic Year:	Application for Year Group:					
Previ	ous Settings attended:						
Names of siblings on roll:							
Parent and Care	er informatio	n - all applicants					
Name 1:			Name 2:				
Relationship to Child:			Relationship to Child:				
Parental responsibility:			Parental responsibility:				
Telephone:			Telephone:				
Email:			Email:				
Address:			Address:				
				•			
PART 1: Catholi	c Applicants	only					
	,						
PART 1: Catholic Applicants, onl The above named child is a Bap has been received into the			Yes:		No:		
Date of Baptism / Reception:			Church of I Re	Baptism / eception:			
Please list the evidence				•			
attached: Baptismal Certificate							
	of Reception						
Parent or (Carer Name:						
Signed:				Date:			

PART 2: Applicants of other	ner denominatio	ns, faiths	and those o	of no	faith			
Child's	denomination o	r faith:						
The above named chi			Yes:			ı	No:	
been baptised or Date of Christening		e faith:	Place of C	hrist	ening /			
Date of Christening			riace of C		cation:			
Please list the evidenc	е	l			I.			
attached								
Baptismal Certificat Certificate of Receptio								
Certificate of Receptio	"							
Parent or Carer Name	:							
Signed	l :				Date:			
PART 3: Additional Inform	nation - all appli	cants						
Where necessary, please u						ition you	may ı	want the
admissions panel to be aw	•							
If you are attaching additi	onal supporting	evidence,	please list t	this h	ere.			
How will we use your informate links. Alternatively, please navi								
tinks. Atternatively, piease navi	gate to the rolleres	section of th	ne se Eiphege s	, ,,,,,,	<u>//////</u>	recipiie gesi (SCHOO	13.01 <u>3.41K</u> .
School Office Use, Only								
Date Birth Certificate			Date Faith					
Confirmed:				Conf	irmed:			
Parent Name from			Parent	Nam	e from			
Birth Certificate:					ficate:			
								1
Parental Responsibility	YES: NO:		Home Address Confirmed:		YES:		NO:	
Matched to Birth Cert.: Notes:				Con	rirmed:			
Notes.								
Confirmed by:								
Signed					Date:			