

St Thomas More R.C. Primary School, Admission Form

Evesham Road, Middleton, Manchester, M24 1PY

Please complete all sections. Please print all information.

Application for: (Please circle)	Nursery	School
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Pupil Details			
Surname:		First Names(s):	
Gender:	M/F	Date of Birth:	
Religion:	Church of Baptism:	Date of Baptism:	
Home Parish:		Ethnic Origin:	
Pupils Address at time of application (we may require proof of address):			
Postcode:			
Home Telephone Number:		Email:	

Parent(s) or other Adults

Please provide your name and the names(s) of any other parent(s) or adult(s) with legal parental responsibility for your child and their relationship with your child.

Title:	Mr, Mrs, Ms, Dr, etc	Relationship to Child:
First Name(s):	Surname:	
Address (if different to pupil's address)		Postcode:
Daytime Telephone Number:	Religion:	

Title:	Mr, Mrs, Ms, Dr, etc	Relationship to Child:
First Name(s):	Surname:	
Address (if different to pupil's address)		Postcode:
Daytime Telephone Number:	Religion:	

Title:	Mr, Mrs, Ms, Dr, etc	Relationship to Child:
First Name(s):	Surname:	
Address (if different to pupil's address)		Postcode:
Daytime Telephone Number:	Religion:	

Sibling(s)

Names of elder brother/sister, including half brother/sister, already attending St Thomas More and expected to continue in the following school year.

Name of Sibling(s)	Year Group

Does your child have a Statement of Special Educational Needs?	Yes/No
Is your child looked after by a Local Authority (often known as 'in care')?	Yes/No
If yes, please state which Local Authority:	

Doctor:	Telephone Number:
Surgery Address:	
Postcode:	

Other relevant information

Please include here any further information which you may consider relevant to school, e.g. health/ allergies/ diet/ family circumstances etc.

In the event of an emergency please state your priority contact details.

1	Name:	Relationship to child:
	Mobile Number:	Home Tel Number: Work Tel Number:

2	Name:	Relationship to child:
	Mobile Number:	Home Tel Number: Work Tel Number:

3	Name:	Relationship to child:
	Mobile Number:	Home Tel Number: Work Tel Number:

Parents/Carers' Declaration

I declare that the information which I have provided is true. I understand that any school place offered on the basis of fraudulent or intentionally misleading information may be withdrawn.

Signature:	Date:
Print Name:	

PLEASE RETURN THE COMPLETED FORM TO SCHOOL WITH BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE (IF NOT BAPTISED AT ST THOMAS MORE) AND PROOF OF ADDRESS (e.g recent utility bill and parent photo ID e.g. driving licence or passport)

Office use only:	
Date form received:	Birth certificate checked by:
Baptismal certificate checked by:	Proof of address checked by:
Admission Criteria:	1 2 3 4 5 6 7 8 9 10 11 12 13