ST JOHN LLOYD RC PRIMARY SCHOOL APPLICATION FOR ADMISSION FORM

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| OFFICE USE ONLY | | | | | | | | | | |
| Date Received: | | | | | | Proof of Address: YES/ NO | | | | |
| Birth Certificate: YES/NO | | | | | | Baptism Certificate: YES/ NO | | | | |
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| **Pupil’s Surname:** | | | | | | **Pupil’s First Name:** | | | | |
| **Male / Female** | | **Date of Birth:** | | | | **Contact number:** | | | | |
| **Home Address:**  **Postcode:** | | | | | | | | | | |
| **Email:** | | | | | | **Parent / Legal Guardian Name:** | | | | |
| Is the pupil a child who is now or was previously in the care of the Local Authority? YES / NO (please circle) | | | | | | Does the pupil have a written statement of Additional Learning Needs naming a school?  YES / NO  Named school: | | | | |
| Does the pupil have a sibling who will still be attending this school at the date of entry? YES / NO Name of sibling: Current Year Group: | | | | | | | | | | |
| Is the pupil Baptised? YES / NO Date and place of Baptism:  (a copy of the Baptismal certificate must be attached to this form if your child was NOT Baptised at St John Lloyd or Blessed Sacrament Church)  Denomination: (please circle/ highlight)  **Roman Catholic Other Christian** (Please state below) **Non-Christian** (Please state below) **No Religion** | | | | | | | | | | |
| Using the admissions policy criteria, please indicate the category in which you think your child should be considered | | | | | | | | | | |
| **1a** | **1b** | | **1c** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| With reference to categories 5 & 6, other Christian denominations please provide a letter confirming Baptism | | | | | | | | | | |
| **Application for Nursery Admission**  Please state your preference: Morning session / Afternoon session | | | | | | | | | | |

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| **Application for In-Year School Transfer**  School currently attending: Year Group:  Please state reasons for transfer request: | |
| **DECLARATION**  *I/We certify that I/we have read and understood the school’s Mission Statement and this Statement of Aims and Identity which I/we support without reservation.*  *I/We understand that if written proof is not provided where requested it may affect the criteria category into which my/our child is placed* | |
| **SIGNED:**  **DATE:** | **NAME (PARENT/GUARDIAN):** |
| **PLEASE NOTE:** On returning this form the following must be included:   * Copy of Birth Certificate * Copy of Baptismal Certificate (The definition of a Baptised Catholic child is one who has received the sacrament of Holy Baptism from a Roman Catholic Priest in a Roman Catholic church) * Proof of Permanent Address (Please provide an up-to-date utility bill dated within the last three months) * The form must be signed and dated | |
| All completed forms and supporting documents must be returned to:  **St John Lloyd RC Primary School, Brynbala Way, Trowbridge, Cardiff CF3 1SX** | |