



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) 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 | | | | | | | | | |
| <u>Application for Nursery Admission</u> Please state your preference: Morning session / Afternoon session | | | | | | | | | |



ST JOHN LLOYD RC PRIMARY SCHOOL APPLICATION FOR ADMISSION FORM



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:

NAME (PARENT/GUARDIAN):

DATE:

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