



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))

Is this pupil in care (looked after)? **Yes**

If yes, to which Local Authority _____

Children's Services involvement? (Social Worker) **Yes**

Previously Permanently Excluded? **Yes**

Previous Exclusion Record? **Yes**

Contact Name	Contact No

Special Educational Needs Status (SEN)

- Full Statement of SEN
- Under Formal Assessment
- Enhanced Action/Funding
- School Action +
- School Action

- Non Attendance (over one term) **Yes**
- CME Involvement? (non-attendance) **Yes**
- CAMHS Involvement? (adolescent mental health) **Yes**
- Health Authority Involvement? **Yes**
- Youth Offending Team Involvement? **Yes**
- Traveler Education Service Involvement? **Yes**
- Secure Unit Placement **Yes**
- GRIP Support **Yes**

ContactName	ContactNo

Other (Please give brief details) _____

For information: 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.

Parent(s)/Carer(s) _____ **Date:** _____

Parent(s)/Carer(s) _____ **Date:** _____

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