

St. Helen's Catholic Primary School

Primary School Application Form



Applicant's Details

Applicant's Name			
Relationship to child	Do you have parental responsibility for this child?	Yes	No
Address (<i>proof of address required</i>)			
Home Tel:		Mobile:	
E-mail:		Place of Work & Tel No:	

Child's Details

Surname	Forename(s)	Gender	Date of Birth
Address (<i>If different from above</i>)			
Postcode			

Names of any siblings	Date(s) of birth	School attended

Name and Address of Doctor's Surgery
Details of any medical conditions, eg. asthma and/or involvement of any external agencies, eg. Speech and Language, Occupational Therapy etc.

Ethnicity (<i>please tick appropriate</i>)			
White British	White and Asian	Caribbean	
Any other white background	Any other mixed background	African	
Traveller of Irish heritage	Indian	Roma/Roma Gypsy	
Pakistani	Chinese or Chines background	White and Black Caribbean	
Bangladeshi	Any other Ethnic Group	Refused	

Nationality of your child (<i>please tick appropriate</i>)			
British	Welsh	English	
Irish	Scottish	Other	
Refused			

Child's First Language	Language Spoken at Home
Does your child speak Welsh fluently?	Yes No

Religion (please tick appropriate)				
Roman Catholic		Baptist		Methodist
Anglican		Jewish		Christian
Hindu		Sikh		Muslim
Buddhist		Other (please specify)		No Religion
Date & Place of Baptism (Please provide a copy certificate with this form) <i>N.B. If Baptised at St. Helen's Church, Barry, you may not have been issued with a Certificate. The Admissions Committee will check the Baptism Register on your behalf.</i>				

Have you applied to any other School?	Yes	No
Names of preferred school in order of preference:		
1.		
2.		

Previous Schools/Nurseries/Playgroups
--

Additional Details

Does your child have a Statement of Special Educational Needs?	Yes	No
Is your child a member of a returning Service or Crown Servant family?	Yes	No
Is this application for a Looked After/Previously Looked After/Foster Child? (written evidence required by closing date)	Yes	No
Is your child a twin or triplet? (one of a multiple birth)	Yes	No
Compelling Medical/Social Reasons (written evidence from Professional required before closing date)		

If you are happy that the information we hold on this form is correct, please sign and date below.

Signature Date

**PLEASE ENCLOSE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE AND PROOF OF ADDRESS
eg. UTILITY BILL, COUNCIL TAX BILL WITH THIS APPLICATION**

For Office Use:

Received	Please Tick
Birth Certificate	
Baptism Certificate	
Proof of address	
Other	