

ADMISSIONS

All admissions of Reception class pupils are now managed centrally by the Local Authority. However, if you are interested in your child being admitted to our school at the appropriate time, please complete the following details for our records:

1. Details of Child

Surname _____

Forename _____

D.O.B. _____

Sex M/F _____

Date of Admission: _____

Year Group _____

Address: _____

Post Code _____

Home Tel. _____

Previous Schools / Nursery / Playgroup. _____

2. Baptism information

(Please enclose a copy of the Baptism Certificate)

Religion: _____ Where Baptised: _____ Date: _____

Where First Communion: _____ Date: _____

Religion of Father: _____ Religion of Mother: _____

3. Details of Parents

(This information is needed to enable the School and Education Authority to meet their legal obligations)

Natural Mother: Miss/ Mrs/ Ms _____

Address (if different from the child): _____

Natural Father: _____

Address (if different from the child): _____

Others having Parental Responsibility: _____

Address (if different from the child): _____

Relationship to the child: _____

4. Medical Information

Which doctor is your child registered with? Dr _____

Surgery address: _____

Tel No. _____

Does your child have a long-term medical condition of which the School needs to be aware?

Signature: _____ Date: _____