

ST MARY'S CATHOLIC PRIMARY SCHOOL
Baffam Lane, Selby, YO8 9AX Tel: 01757 706616

SCHOOL ENROLMENT FORM

Surname..... **Christian Names**
(in full, underlining name used please)

Date of birth **Date of Baptism**

Church

Father's Christian name and Surname

Mother's Christian name and Surname

Home Address

.....

..... **Post Code**

Home Telephone No

Email Address.....

Emergency Tel No

Name and relationship of Emergency Contact

Number of children in family currently at school Younger..... Older

Family Doctor **Doctor's Tel No**

Does your child: wear – spectacles suffer from – asthma
 a hearing aid epilepsy
 grommets heart condition

Any other condition which you feel the school should know about?

.....

.....

Has your child had: German measles/measles/chicken pox/mumps/whooping cough?



**SUPPLEMENTARY INFORMATION FORM FOR ADMISSION TO
A VOLUNTARY AIDED CATHOLIC SCHOOL**

The school to which you are applying is a voluntary aided Catholic school. The school is designated as a school with a religious character and as such is permitted to give priority to applicants who are of the faith of the school.

The governing body has responsibility for admissions to the school. In order to apply the school's oversubscription criteria the governing body requires additional information that is not collected on the local authority's Common Application Form. This information can be supplied by completing this Supplementary Information Form. ***Failure to complete this form may affect the oversubscription criteria in which your child is placed.***

Full name of child (including surname)	
Gender (please tick box)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	
Child's permanent address including postcode	
Contact telephone number(s)	
Religion of child	

Full name(s) of parent(s)/carer(s)	Relationship to child
1.	
2.	

If, at the time of admission, you will have other children attending this school, please provide details below:	
Full name(s)	Date(s) of birth

CATHOLIC CHILDREN

If you think that your application should be considered under category 1, 2, 3 or 4 (Amend as required 1-4 Primary, 1-7 Secondary schools) then you must supply the information below and attach the evidence requested.

Date of baptism (You must attach proof of baptism i.e. baptism certificate or a letter from your priest)		Place of baptism and address	
Name of your parish priest			

Please return your completed form to the school.

<i>For school use only</i>	
<i>Date SIF received</i>
<i>Verification of baptism</i>	<i>Year Group</i>