ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL

SCHOOL INFORMATION FORM – 2024/2024

THIS FORM MUST BE RETURNED DIRECTLY TO ST. JOSEPH'S SCHOOL

Child's Surname:_____ Child's Forename(s): _____

Child's Date of Birth:_____ MALE / FEMALE

Full Name(s) of Parent(s) making application: _____

_____

Address where child is resident:_____

_____ Post Code:

_____

Telephone Number (Home):_____ (Mobile):_____

Religion:_____

Date and place of Child's Baptism: _____

Name of Catholic/Christian Parish in which you reside: _____

Name of Catholic/Christian Parish where you attend Mass/Church if different from above:

_____

_____

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Please name, and give ages of siblings who are attending St. Joseph's School at the time of application:

_____

DOCUMENTATION:

_____

Along with this form you MUST present certified copies of the following documentation:

- Your child's Certificate of Birth
- Your child's Certificate of Baptism (if applicable)

DECLARATION:

- I understand that the completion and acceptance of this form does not automatically guarantee a place in the School.
- In applying for a place at the School I agree to make an undertaking to support and respect the Catholic Ethos of the School, the teachings of the Church, and school policies.

Signed:……Parent(s) / Carer(s)

You are very welcome to contact the school if you are unsure of any aspect of the application. The School reserves the right to request any further information regarding this application including a Certificate of Practice in case of oversubscription and a Proof of Address e.g. current Driving License / Council Tax Bill / Utility Bill dated within 6 months of this application (gas, electricity, water, telephone bill or bank statement).

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OFFICE USE: Date Received: …… Entry:……..…
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