



St Paul's with St Michael's Church of England School
Application for Admission

Please use BLOCK CAPITALS - THE COMPLETED FORM SHOULD BE RETURNED TO THE SCHOOL OFFICE.

First name of child..... Surname.....
Date of Birth: day month year Sex: M/F Language: spoken at home (if not English)
.....

Parents name: (Mother) Parents name:..... (Father)
Address:..... Address:
.....
Post Code: Post Code:
Borough of Residence: Borough of Residence:
Home Telephone No: Home Telephone No:
Mobile Mobile
Email Email
Place of work:..... Place of work:.....
Telephone No:..... Telephone No:.....

Previous School, Nursery or Playgroup:.....

Church attended:

Name of Minister:Telephone No:

Are parents on the Church electoral roll of St Michael & All Angels? Y/N

Family connection with school:

Name of brother/sister at school	date of entry	date of leaving
1.....
2.....

Are there any social/medical reasons why you would like your child to be admitted to this school?

.....
.....

I understand that this is a C of E school and consent to my child participating in all of the school activities including R.E. and Worship.

Signed by:.....Parent/Guardian:.....