

**ST WILFRID'S CATHOLIC PRIMARY SCHOOL**

*(This is not an application form. It is essential that you complete a form for the Local Authority)*

PLEASE COMPLETE THIS FORM AND HAND IT INTO THE SCHOOL OFFICE

CHILD'S NAME \_\_\_\_\_

CHILD'S ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_

*Verified by office staff .....date .....*

IS YOUR CHILD A ROMAN CATHOLIC                      YES / NO\*    \* please delete as applicable

**IF YES AT WHICH CHURCH WAS YOUR CHILD BAPTISED**

.....  
*(A copy of the Baptismal Certificate must be provided to enable a copy to be taken to attach to this form)*

WILL YOUR CHILD HAVE A SIBLING AT ST WILFRID'S SCHOOL AT THE PROPOSED DATE OF ADMISSION.    IF YES, NAME SIBLINGS BELOW

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***PLEASE REMEMBER IT IS ESSENTIAL THAT YOU COMPLETE THE FORM SENT TO YOU BY THE LOCAL AUTHORITY TO ENABLE A PLACE TO BE CONSIDERED FOR YOUR CHILD***

NAME OF PARENT (Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**To be returned to St Wilfrid's School Office on completion. Thank you**

*Ref: Admission/Additional Info Form Sept 2011*