

APPLICATION FOR ADMISSION TO ST MONICA'S CATHOLIC PRIMARY SCHOOL

CONFIDENTIAL

Please complete all sections and provide copies of the following:

- Full Birth Certificate
- Certificate of Baptism
- Passport

Child's Surnar	ne:	First Name	:				
Preferred Name	:	Middle Nam	e(s):		••••		
Date of Birth:	DayYear .		Gender:	Male	/	Female	
Address:							
•••••							
Postcode:	Те	el No	•••••		• • • • •		
Email address							
First Language	e: Othe	er Language	e:		••••		
Country of Bir	th:Natio	onality:				•••••	
Passport Num	oer	Please pr	rovide a c	opy of p	assp	ort.	
Please provide names and dates of birth of any brothers/sisters:							
1. Name:		. Date of bir	th:		Boy/	Girl	
2. Name:		. Date of bir	th:		Boy/	Girl	
3. Name:		. Date of bir	th:		Boy/	Girl	
4. Name:		Date of birt	:h:		Boy/	Girl	
Please give det	ails of any special family circumsta	nces that th	he school	should b	e av	vare of:	
				•••••		•••••	

Religion:	Priest's Name:
Parish Address:	
	Tel No:
provide copies of birth certificate and o	certificate of baptism.
If starting in Year 3 or above has your ch (i) First Reconciliation	ild made the sacraments of: Yes/No
(ii) First Holy Communion	Yes/No
Name of Previous School:	
Previous School Address:	
Previous Home Address:	
	Postcode:
Please therefore give daytime details and at least Unless an order under Section 8 of the children A	e contact with you during the day should there be a problem with your child. one other contact person. Please give details of both parents where possible. Let 1989 is in force, we are obliged to treat all those with parental eive school reports and participate in the exercise of other parental rights,
Mother's full name:	D.O.B.:
Phone number:	Email Address:
Place of work:Occ	upation: NI Number:
Address if different to the child's:	
	Postcode
Father's full name:	D.O.B
Phone number:	. Email Address:
Place of work:Occup	pation: NI Number:
Address if different to the child's:	
	Postcode
By providing a national insurance number I conse	ent to St Monica's applying for pupil premium on my behalf.
Emergency contact other than parents	:
Name:	Phone Number:
Relationship to child:	
Address:	Postcode

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MEDICAL INFORMATION

Surname:	First Name:					
Date of Birth: Da	y					
Please complete th	e following details regarding your child's health.					
Details of any regular medication: (e.g. Asthma inhaler)						
Known Allergies:						
Dietary restrictions e.g. Vegetarian:						
ANY medical issues we should be aware of:						
Sight: (Does your child wear glasses?)						
Hearing: (Please give details of any deficiency)						
Does your child have any special educational needs? Yes / No						
If yes, please speci	fy					
Family Doctor Na	me:					
Ad	ldress:					
Те	el No:					
Signature of Paren	t/Guardian Date:					
Name: (Please Prin	nt)					
Relationship to chi	ld					

Our School as a data controller aims to ensure that all personal data collected is collected, stored and processed in accordance with the General Data Protection Regulation and the provisions of the Data Protection Act 2018. For more information on how we do this, please see our website at www.st-monicas.co.uk/information/general-data-protection-regulation/ or contact the school office.



'Let trust, respect and love live here'

Ethnic background record form

To be completed by parents/guardians/students only

School:			
Students N	ame:		
including, for	ckground describes how we think of o example, our skin colour, language, ce as nationality or country of birth.		• • • • • • • • • • • • • • • • • • • •
	below please tick ONE BOX ONLY Please also tick to indicate whether a		
WHITE Pleas	e specify English Scottish Welsh Other White British Irish Traveller of Irish Heritage Gypsy / Roma Italian Eastern European Western European Any other White Background		r Black British Please specify Black Caribbean Ghanaian Nigerian Sierra Leonian Somali Other Black African Any other Black Background
MIXED OR	DUAL BACKGROUND Please specify White and Black Caribbean White and Black African White and Pakistani White and Indian White and Other Asian Any other Mixed Background		OR ASIAN BRITISH Please specify Indian Pakistani Bangladeshi Asian Other
OTHER GRO	OUPS Please specify Chinese Japanese Any other Ethnic Group		do not wish for an ethnic category to be recorded
THIS INFOR	MATION WAS PROVIDED BY:		
	Parent/Guardian	Signed:	
	Student		

(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Authority and the Department for Children, Schools and Families DCFS) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.)