

## St Monica's Catholic Primary School

# 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 Surname: First Name:					
Preferred Name: Middle Name(s):					
Date of Birth: DayMonthYear Gender: Male / Female					
Address:					
Postcode: Tel No					
Email address:					
First Language: Other Language:					
Country of Birth:					
Passport NumberPlease provide a copy of passport.					
Please provide names and dates of birth of any brothers/sisters:					
1. Name: Date of birth: Boy/Girl					
2. Name:					
3. Name:Boy/Girl					
4. Name:					
Please give details of any special family circumstances that the school should be aware of:					

Religion: Priest's Name:					
Parish Address:					
Tel No:					
Please provide copies of birth certificate and certificate of baptism.					
If starting in Year 3 or above has your child made the sacraments of:  (i) First Reconciliation Yes/No  (ii) First Holy Communion Yes/No					
Name of Previous School:					
Previous Home Address:					
Postcode:					
It is extremely important that we are able to make contact with you during the day should there be a problem with your child. Please therefore give daytime details and at least one other contact person. Please give details of both parents where possible. Unless an order under Section 8 of the children Act 1989 is in force, we are obliged to treat all those with parental responsibility equally and they are entitled to receive school reports and participate in the exercise of other parental rights, such as voting, attending parents' evenings, etc.					
Mother's full name:					
Date of Birth:					
place of work:Occupation: Tel:					
Father's full name:					
Date of Birth:					
place of work:Occupation: Tel:					
Emergency contact other than parents:					
Name: Tel:					
Relationship to child:					
Address:					
Postcode					

#### CONFIDENTIAL

#### **MEDICAL INFORMATION**

Surname: First Name:					
Date of Birth: Day Year					
Please complete the following details regarding your child's health.					
Details of any regular medication: (e.g. Asthma inhaler)					
Known Allergies:					
Dietary restrictions:					
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 specify					
Family Doctor Name:					
Address:					
Tel No:					
Signature of Parent/Guardian Date:					
Name: (Please Print)					
Relationship to child:					

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 <a href="https://www.st-monicas.co.uk/information/general-data-protection-regulation/">www.st-monicas.co.uk/information/general-data-protection-regulation/</a> or contact the school office.



'Let trust, respect and love live here'

## Ethnic background record form

- To be completed by Parents/Guardians/Students only



SCHO	OL:				
Pupil's	s Name:		Class Form		
for exam	nic background describes how we think of oun ple, our skin colour, language, culture, and a nationality or country of birth.	rselves. This may be ba estry or family history. <b>I</b>	ased on many things, including, Ethnic background is not the		
Using the Please a	e list below please tick <u>one box only</u> to ind also tick to indicate whether a parent/guardiar	cate the ethnic backgro or pupil filled in the forr	ound of the pupil named above.		
WHITE	Please specify	BLACK OR BLACK	K OR BLACK BRITISH Please specify		
	English		Black Caribbean Background		
	Scottish	Ghana			
	Welsh	Nigeria	an		
	Other White British	Sierra	Sierra Leonian		
	Irish	Somal	Somali		
	Traveller of Irish Heritage	Other	Other Black African		
	Gypsy / Roma	Any Ot	ther Black Background		
	Italian				
	Eastern European				
	Western European				
	Any Other White background				
MIXED O	R DUAL BACKGROUND Please specify	ASIAN OR ASIAN BE	RITISH Please specify		
	White and Black Caribbean	Indian	William Flease specify		
	White and Black African	Pakista	ani		
	White and Pakistani	Bangla			
	☐White and Indian	Asian			
	White and Other Asian				
	Any Other Mixed Background		•		
OTHER G	ROUPS Please specify				
Chinese		☐I do not	wish for an ethnic category		
	Japanese	to be re	to be recorded.		
	Any Other Ethnic Group				
THIS INFORMATION WAS PROVIDED BY:					
	Parent/Guardian	Signed:			
	Student	Date:			

(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help 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.)