



St. Wilfrid's RC Primary School

APPLICATION FORM

Child's surname _____ Christian names _____

Date of Birth _____ Parents' name(s) _____

Address _____

_____ Post Code _____ Tel. No. _____

Mobile number _____

Correspondence to be sent to: (please tick box) Mr. Mrs. Both Ms.

Religion _____ Date and place of baptism _____
(Please provide proof of baptism)

Name & Address of Minister of Religion who can support your application

(If you are not of the catholic faith, please include a letter addressed to the Chair of Governors giving your reasons for requesting a place for your child at this Voluntary Aided Roman Catholic School)

Church attended _____

Name, address and tel. number of last school /nursery _____

Siblings _____

I give my permission for the school to process this information.

Signed _____ Date _____