



## St. Wilfrid's RC Primary School

### APPLICATION FORM BEFORE ENTRY

Child's surname \_\_\_\_\_ Christian names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parents' name(s) \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Tel. No home. \_\_\_\_\_

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 currently attending St Wilfrid's \_\_\_\_\_

\_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_