

CONFIDENTIAL



**Caring, Sharing, Loving
and
Learning Together.**

All Saints Catholic Primary School

Application for Admission to Reception September 2021

Name of Child: Male () Female () Please tick	Address: _____ _____ Post Code:
Date of Birth:	Emergency Contact No: 1. 2.
Name of Parents/Guardian(s): Is the child Looked After? (LAC) _____ If Yes: Social Workers name _____	Address if different: Post Code:
Home Telephone No:	Mobile No:
Doctor: Telephone No:	Any Medical Conditions: _____ Has your child got a statement of educational need? _____ Does your child have Additional Learning needs? _____ If yes please provide further information: _____
Childs Religion: Baptised/Christened Yes/No	Siblings currently attending All Saints RC:
Child's First Language: Has your child recently arrived from outside the United Kingdom? _____	Child's Nationality:
Child's Previous School:	Any Other Information:

Signed:

Parent/Guardian

Date:

For office use only:

Date Received:

Reception place offered:

Place accepted: