



Application for casual in-year admissions for entry to
St. William of Perth Catholic Primary School

Please complete in **BLOCK CAPITALS** and tick the relevant boxes

Your child's name will be kept on the schools waiting list for the length of 2 terms (approx. 12 weeks) after which their name will be removed, unless you have contacted the school asking for your child's names to stay on the waiting list for a further 2 terms.

SECTION A – (To be completed by parent/carer)

1. Child's Details

First names/s:		Surname:			
Date of Birth:		Male:		Female:	

Is this Child in Public Care?	Yes:		No:	
If Yes, please state the name of the council:				
Does your child have any SEN Statement:	Yes:		No:	
If so please give details:				

Does your child have any siblings at this school	Yes:		No:	
If so please give names and Dates of Birth				

2. Parent / Carer Details

Title:		Forename:		Surname:	
Relationship to Child, e.g. mother					
Current Address:					
			Postcode:		
Home Phone No:					
Mothers Mobile No:					
Fathers Mobile No:					
Email Address:					

Are you UK service personnel or Crown servant? If yes please ensure proof of posting is attached	Yes:		No:	
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Are you already a Medway resident?	Yes:		No:	
Are you Moving to Medway?	Yes:		No:	
If yes please give address you will be moving to:				
			Postcode:	
When do you expect to move? Please give date: Please provide proof of move with application				

3. Faith

	Tick relevant box	EVIDENCE REQUIRED – (Please attached a copy)
My child is a Baptised Catholic		Copy of Baptismal Certificate
My Child is baptised or dedicated in another Christian denomination which belongs to 'Churches Together In England'		A copy of a Baptism certificate or Dedication certificate
Other Faiths		A letter from faith leader
No Religion		
Birth Certificate		Birth Certificate

Please see attached a list of Member Churches

4. Current or Previous School(s)

Name of current or last school attended:			
School Address:			
		Postcode:	
Headteacher's Name:		Phone No:	

If your child has been withdrawn from school to be educated otherwise, for example, at home, please give details (please also complete last school attended information):

Signed:		Date:	
Print Full Name:		Parent / Carer (Please delete as appropriate)	

By signing this form I can confirm that I hold parental responsibility for this child.

OFFICE USE ONLY

Date Received Section A	Date Received Section B	Year Group Required	Date Place Offered	Offer Accepted / Declined