

**Admission to St Helen’s RC Primary School**

**Section 1: Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Surname: |  | Preferred Surname: |  |
| First Name: |  | Middle Name: |  |
| Date of Birth: |  | Gender: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Yes | No |
|  | |

Is your child a looked after child? (In Local Authority Care)

If yes, please state the name of the corporate parent.

|  |  |
| --- | --- |
| Yes | No |

Has your child previously been a looked after child?

|  |  |  |
| --- | --- | --- |
| Yes | No | |
| Yes | No | |
| Yes | No | |
| Yes | No | |
|  | | |
| Yes | | No |

Does your child have any Special requirements?

Has your child had any involvement with ISCAN?

Is your child known to an Occupational Therapist?

Does your child have problems walking?

What is your first language?

Any additional learning needs?

**If yes to any of the above, please attach appropriate details.**

|  |  |
| --- | --- |
| Yes | No |
| Yes | No |

Is your child toilet trained?

Is your child from a family of service personnel?

(Army, Navy, RAF, Reservist, Veteran (up to six years)

**School Details**

|  |  |  |
| --- | --- | --- |
| **1.** | Enter the name of the school that you wish your child to attend in order of preference. Please note that attendance of pupils at feeder Nursery Schools does not provide automatic entry to the chosen Primary School in September 2021. | |
| First Choice |  |
| Second Choice |  |
| Third Choice |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** | Will your child have an older brother and/ or sister of statutory school age at your preferred choice of school in September 2021? If so, please specify child’s name, date of birth and the school they attend below. | | |
| Sibling Name | Date of Birth | Current School |
|  |  |  |
|  |  |  |

**Section 2: Parent/Legal Guardian Details**

Please complete for both parents/legal guardians if applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | Surname: |  | First Name: |  |
| Relationship to child: |  |

|  |  |
| --- | --- |
| Address: |  |
| Council Tax Number: |  |
| Telephone Number: |  |

**Please note that if you are not the person responsible for payment of Council Tax for the address given you will need to provide proof of residency. Failure to attach details may result in a delay in the form being processed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.** | Surname: |  | First Name: |  |
| Relationship to child: |  |

|  |  |
| --- | --- |
| Address (if different to the above): |  |
| Council Tax Number: |  |
| Telephone Number: |  |

Has your child been Baptised? Yes/No

Please provide a copy of your child’s baptismal certificate (not required if the baptism took place at St Helen’s RC Church, Caerphilly)

**Where parents knowingly give false information in order to obtain the advantage of a particular school**

**for their child to which they would not normally be entitled, they may render themselves guilty of an offence under Section 5(b) of the Perjury Act 1911.**

I am the Parent/ Legal Guardian of the child named on this application form and confirm the accuracy of the above information.

Signed: …………………………………….................. …. Date: …………………………………..

Signed: …………………………………………………… Date: …………………………………..