



St. Catherine's RC Primary School

"Be who God wants you to be and set the world on fire"

SCHOOL REGISTRATION FORM

CHILD'S NAME:

.....

Year group applying for:.....

Email Address:.....

PLEASE NOTE THAT WE REQUIRE THE FOLLOWING ORIGINAL DOCUMENTS TO ENABLE US TO PROCESS YOUR APPLICATION

BAPTISM CERTIFICATE

BIRTH CERTIFICATE

COUNCIL TAX BILL

WE MUST SEE THE ORIGINAL DOCUMENTS

Failure to provide these documents will mean your application cannot be automatically processed and will be passed to the school governors to consider.

If you have any queries regarding this form please contact the school

OFFICE USE: Baptism Birth Council Tax

CATEGORY:.....ON SIMS.....

YEAR GROUP:.....DOCS SCANNED DATE.....



CHILD'S INFORMATION

DATE OF BIRTH.....MALE / FEMALE

SURNAME.....

FORENAME.....

ADDRESS.....

POSTCODE.....

HOME TELEPHONE.....

This information is strictly confidential and required so that we can ensure that the school can meet their needs if necessary.

DOES YOUR CHILD HAVE ANY SPECIFIC MEDICAL CONDITIONS?

YES / NO (If yes please provide us with information on a separate sheet)

DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS?

YES / NO i.e. EDUCATIONAL/BEHAVIOURAL/SOCIAL COMMUNICATION/EMOTIONAL
(If yes please provide us with information)

ARE THERE ANY OTHER AGENCIES INVOLVED WITH YOUR CHILD?

YES / NO (eg: Speech and Language/CAPS/CAMHS....)

(If yes please provide information)

IS YOUR CHILD CURRENTLY UNDER /EVER HAS BEEN IN THE CARE OF THE LOCAL AUTHORITY? (I.E Fostered/adopted) YES/NO

PARENTS INFORMATION (IF APPLICABLE PLEASE STATE WHICH PARENT HAS CUSTODY)

Please number in priority order 1/2/3

MOTHER

NAME/TITLE.....

ADDRESS (IF DIFFERENT FROM CHILD)

.....

POSTCODE.....

HOME TELEPHONE.....WORK.....

MOBILE.....

EMAIL ADDRESS.....

Parental responsibility—YES/NO

Please number in priority order 1/2/3

FATHER

NAME/TITLE.....

ADDRESS (IF DIFFERENT FROM CHILD)

.....

POSTCODE.....

HOME TELEPHONE.....WORK.....

MOBILE.....

EMAIL ADDRESS.....

Parental responsibility—YES/NO

OTHER CONTACT

RELATIONSHIP.....

NAME.....

MOBILE NUMBER.....

HOME NUMBER.....

PERMISSIONS:

Your child may have their photograph taken in school during the school day. This would be used for displays or their learning journeys. Photographs will also be used on the school website / Newsletter/ Facebook page

If you are happy for your child to have their photo taken and used in this way then please say below. Otherwise your child's photo will NOT be used within school.

.....

Please delete appropriately:

Photograph in school permission - YES/NO

School Facebook page permission—YES/NO

Website permission - YES/NO

YOUTUBE (Private link only) - YES/NO

GDPR:

I give permission for any accident slips for my child to be given to afterschool club or to the person collecting my child from school.

Signature.....

LANGUAGE SPOKEN AT HOME.....

OTHER LANGUAGE SPOKEN AT HOME.....

IS ENGLISH AN ADDITIONAL LANGUAGE? YES/NO (This means another language other than English is used daily at home)

	African Asian		Indian		Vietnamese
	Arab		Iranian		White British
	Bangladeshi		Mirpuri Pakistani		White Irish
	Black - Nigerian		Other Asian		White and Asian
	Black – Somali		Other Black African		White & Black African
	Black Caribbean		Other Ethnic Group		White & Black Caribbean
	Chinese		Other Pakistani		White European
	Gypsy/Roma		Traveller of Irish Heritage		White Western European
	Any Other Black Background		Any Other Mixed Background		

PREVIOUS/CURRENT SETTING.....
KEY WORKER (If known).....
ADDRESS.....
.....
TELEPHONE NUMBER.....

DOCTORS INFORMATION-
NAME.....
ADDRESS.....
.....
PHONE NUMBER.....

PARISH OF RESIDENCE.....
RELIGION.....
DATE/PLACE OF BAPTISM.....
NAME OF OLDER BROTHERS/SISTERS IN
SCHOOL.....
.....

PLEASE PROVIDE AN EMAIL FOR US SO THAT WE CAN SET YOU UP ON OUR
PARENTMAIL SYSTEM
.....

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT

SIGNED.....
PARENT/GUARDIAN
DATE.....