The BISHOPS' C. of E. and R.C. (Voluntary Aided) Primary School



Head Teacher Mr G Waters

Application for admission in Academic Year commencing September 2023/2024

(Applications must be received at the school by 15th January 2023)

| 1 | | P | E | R | S | 0 | 1 | N٨ | ۱L | D | E | T | ΑI | L | S |
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|---|--|---|---|---|---|---|---|----|----|---|---|---|----|---|---|

| CHILD'S Surna | ame | Christian/ first nan | ne(s) | | | |
|---|---|-------------------------|---------------|----------------|---------|--------|
| Date of Birth | daymon | thyear | | □ male | | female |
| Address | | | | | | |
| | | | post co | de | | |
| Names of broth | ners or sisters already at ⁻ | Γhe Bishops' School | | | | |
| Any special cir | cumstances relating to th | e child? (e.g. medical, | , educational | l, social) 🛚 | yes | □ no |
| If yes, please a reports as application | ttach additional sheet giving cable) | full details. (You may | be asked to | provide medi | cal or | other |
| Parents' name | s and addresses | | | | | |
| Mother | | Father | | | | |
| Address | | Address | | | | |
| | post code | | ŗ | oost code | | |
| Telephone No. | ••••• | Telephone No | | | | |
| Email: | | Email: | | | | |
| 2. CHURCH/ O | THER FAITH AFFILIATION | _ | | | | |
| If Christian, has (* See below) | your child been baptised? | □ yes □ no | | | | |
| Date & place of | Baptism | | | | | |
| Church/ Place o | of Worship attended at prese | ent (please state denor | nination) | | | |
| Name of Ministe | er/ Leader | | | | | |
| Degree of child | <u>d's</u> involvement with the fa | aith community. | | | | |
| Please indicate community | whether the child attends w Yes/ No | orship in accordance w | vith the expe | ctations of yo | ur fait | th |

'Live Fully, Laugh Often, Learn Deeply, Love as God Loves You and Let Your Light Shine!'

Please indicate whether the child has been attending worship with this community for the last two years

Yes/No

3.MINISTER'S /LEADER'S ENDORSEMENT

Minister's/ Leader's comments (Please attach additional sheet if required)

| Degree of Child's Involver | nent | | |
|--|------|--|----|
| Please indicate whether the community Yes/ | • | ordance with the expectations of your fait | n |
| Please indicate whether the Yes/N | | with this community for the last two years | j |
| | | | |
| Minister's /Leader's | | | |
| | | Date | |
| | | | , |
| Please enclose a copy of the bring it along to the office to | • | olic, the Certificate of Catholic Practice (| or |

After completing parts 1 and 2 of this form, parents should pass it to their minister together with a stamped, self-addressed envelope. The minister will complete part 3 and return it to the school, who will then send an acknowledgement to the parents.

NOTE: This form normally remains confidential but may need to be made public in the case of an Appeal.