**ST PASCHAL BAYLON CATHOLIC PRIMARY SCHOOL**

**'Following in the Footsteps of Christ'**

| OFFICE USE ONLY:- Supporting Documents | |
|---|---|
| *Birth Cert. | |
| *Council Tax Bill | |
| *Baptism Evidence | |

St Paschal Baylon Catholic Primary School
Following In The Footsteps Of Christ

## CONFIDENTIAL APPLICATION FOR ADMISSION

| | |
|---|---|
| **OFFICE USE ONLY:-** | **Start date required:** |
| **Class: PB** | **Year group:** |

**IMPORTANT - PLEASE COMPLETE ALL AREAS & SIGN BEFORE SUBMITTING THIS FORM**

**Details of prospective pupil:-**

**Legal surname of child**: **Legal forename**:

**D.O.B**: **Gender**: *Male / *Female (*delete as appropriate)
**(*Copy birth certificate is required)**

**Home address**: _____

_____ **Post code**: _____

**Child's previous school/Nursery:**

1. _____ **Tel. no:** _____
   **From:** **To:**
2. _____ **Tel. no:** _____
   **From:** **To:**

**Parent/Carers details:**

(Mr/Mrs/Ms)**Forename**: **Surname**: **Tel:**

**Address**:

**Post code:**
**(*Proof of residency required – Rates/Council Tax bill only)**

**Relationship to child: Mother/Father/Guardian/Other-specify**

**Parent 1 Email address:-**

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(Mr/Mrs/Ms) **Forename**: **Surname**: **Tel**:

**Address**:

**Post code:**
**(*Proof of residency required – Rates/Council Tax bill only)**

**Relationship to child: Mother/Father/Guardian/Other-specify**

**Parent 2 Email address: -**

**Medical or Social Needs:** (Please indicate – this should be supported by professional documentation – all information is treated as confidential)

**Special Educational Needs (confidential information):**

**Does your child currently receive provision for Special Educational Needs?** Yes / No

**Does your child have an Educational Health Care Plan (EHCP)?** Yes / No

**If yes to either or both questions, please give details:**

**Is your child looked after by the Local Authority?** *Yes / *No

**Do you have a child in school at the time of admission?** *Yes / *No

**Brothers & Sisters:**

**Name:** _____ **D.O.B:** _____

**Name:** _____ **D.O.B:** _____

**Name:** _____ **D.O.B:** _____

**Name:** _____ **D.O.B:** _____

**Details of family Doctor:**

**Name:** **Telephone no:**

**Address:** **Post code:**

| **ETHNICITY - Please tick the relevant box:** | | | | | |
|---|---|---|---|---|---|
| Any other Asian background | | Latin/South/Central American | | White & Black Caribbean | |
| Any other Black background | | Other Black African | | White & Chinese | |
| Bangladeshi | | Other ethnic group | | White European | |
| Black – Ghanaian | | Other mixed background | | White Other | |
| Black – Nigerian | | Pakistani | | White Western European | |
| Black – Somali | | Traveller of Irish Heritage | | Yemeni | |
| Black Caribbean | | White – British | | | |
| Chinese | | White – Irish | | | |
| Gypsy/Roma | | White & Asian | | Do not wish to disclose | |
| Indian | | White & Black African | | Information not yet obtained | |
| **If you have ticked the box for 'Other' and you think that the categories above do not describe your child's racial group, you can use this space to tell us this information:** | | | | | |

| | |
|---|---|
| **First language:** | |
| **Home language:** | |
| **Language understood by child:** | |
| **English as an additional language:** | *Yes / *No (*delete where appropriate) |

| **National Identity:-** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Welsh | | Scottish | | British | | Refused | |
| English | | Irish | | Other | | Not supplied | |

| | |
|---|---|
| **Country of Birth:-** | |

**Who provided ethnic origin?** Child*/Parent*/Teacher*/Other*_____(please specify)
(*delete where appropriate)

| **Religion:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Buddhist | | Church of England | | Methodist | | Other religion | |
| Catholic | | Hindu | | Muslim | | Sikh | |
| Christian | | Jewish | | No religion | | Do not want to disclose | |
| **Any special religious requirements (please state):** | | | | | | | |

**Meal arrangements:** *Free Meals / *School Meal / *Packed Lunch (*Delete where appropriate)

**Special dietary requirements/food allergies:**

**Mode of travel:** Bus*/Car Share*/Cycle*/Public bus*/Taxi*/Train*/Walk*/Other* _____(please specify)
(*delete where appropriate)

| Parental Consent | Consent Type | Yes | No |
|---|---|---|---|
| | Internet Access – permission to use in school | | |
| | Photograph student (Local Authority Guidelines state, where photo's are displayed on a school website etc, no full names will show to identify children)<br>- for school website<br>- school twitter feed<br>- internal school displays | | |
| | Sex Education | | |
| | School Visits/Trips | | |
| | Data exchange (e.g. information for NHS Teams, Professional Referrals, Secondary Schools) | | |

**Is your child baptized Catholic?** *Yes / *No (*delete where appropriate)

**If yes - date of baptism:** _____

**Place of baptism:** _____

(***Evidence of baptism required**)

**In the event that YOUR CHILD MAY NEED EMERGENCY TREATMENT IN HOSPITAL. To ensure that he/she is protected against tetanus, please provide the following information:-**

1. Has your child ever had a course of 3 injections? YES/NO approx. date ……

2. Has your child had a booster? YES/NO approx. date ……

3. In an emergency do you give permission for hospital personnel to give your child an anti-tetanus injection, booster, or other injections if necessary? YES/NO

4. Is your child allergic to penicillin? YES/NO

5. Is your child allergic to any other medicines? YES/NO Specify: ……

6. Please state other allergies your child may suffer from e.g. asthma, hay fever, skin allergy etc. ……

……

7. Any other medical information you think we should know e.g. Heart trouble, epilepsy etc. ……

……

In the event of any other medical treatment being required from a medical practitioner, I give permission for the teaching staff to act on my behalf.

SIGNATURE: ……
(Parent/Carer)

**PARENT DECLARATION**

We/I hereby apply for the admission of our/my son/daughter to St. Paschal Baylon School and declare that the information in this application to be true and correct. In the event of my child's admission into the School, we/I agree to conform to all the School rules and policies.

**Signature:** _____ **Date:** _____

**Print name:** _____
**(Parent/Carer)**

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**Signature:** _____ **Date:** _____

**Print name:** _____
**(Parent/Carer)**

We are collecting this information in order to set up your child's profile and to capture the information we need under **Education Law**, to add your child to our roll.

Please see our privacy notice on the school website at:

www.paschalbaylon.org.uk.