

**ST PASCHAL BAYLON CATHOLIC
PRIMARY SCHOOL**

'Following in the Footsteps of Christ'

CONFIDENTIAL APPLICATION FOR ADMISSION

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



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

IMPORTANT NOTICE - 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 Nursery (please circle which is appropriate) [SCHOOL NURSERY*](#) / [PRIVATE 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:-

(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:-	
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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
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	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) - for school website - school twitter feed - 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.
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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)

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.