**St Aidan’s Catholic Primary School**

**Admissions Form**

Year of Entry

Birth Certificate Copy of Baptism Certificate Utility Bill

**(To be completed by office)**

Child’s Surname

First Names

Date of Birth

 Male / Female (Please delete as applicable)

Home Address

Post Code

Home Telephone Number

Home Email

Religion

Child’s Place of Baptism

Date (Approx)

Guardian 1 Guardian 2

Relation Relation

Mobile/Work Number Mobile/Work Number

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address if different from above Address if different from above*

***The additional contact below can be called in an emergency and they have given their permission for me to provide you with their details***

Name of Contact Relation to Child

Number

Asian and Any Other Ethnic Group White – British

Asian and Black White – Cornish

Black – African White – English

Black European White – Irish

Black Caribbean White – Scottish

Chinese White European

Greek White and Black Caribbean

Egyptian White and Black African

Gypsy White and Chinese

Indian White and Indian

Iraqi White Pakistani

Italian Any other Asian Background

Lebanese Any other Black Background

Libyan Any Other Ethnic Group

Pakistani Any Other Mixed Background

Thai Any Other White Background

Traveler of Irish Heritage Arab Other

Turkish/Turkish Cypriot Refused

Vietnamese Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language Spoken at Home­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

English Proficiency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Family Doctor

Tel No

Does your Child have a health/diet/Allergy problem*? (Please Complete)*

Last School/Nursery your child attended

Signed

Date fro received -

Date of admission panel-

Date offer/decline sent-

Date place accepted-

Date of admission-