St. Michael Catholic Primary & Nursery School Casual Application Form

Student's first name: **Student's last name:**

Male / Female Date of Birth_____ **Any Siblings in the School Yes / No**

Name of sibling_____

Name of person(s) with parental responsibility _____

Address:_____
_____
_____

Home Phone:_____
Mobile No: _____
Email: _____

Why are you making this application? Please circle the relevant word to answer yes or no.

Have you recently moved: Yes / No

Is the child currently educated at home: Yes / No

Are you requesting a transfer from a local school: Yes / No

If yes, briefly provide reason for transfer:

Has the child been permanently excluded? Yes / No

If yes which school(s) and address(s) and the reason:

School History

School Name and Address: Dates started and left: Reason for leaving:

Special Educational Needs

Does your child have any specific special needs : Yes / No

If Yes please circle or give details:

Speech and Language
ASD
ADHD
Social Needs
Physical
Visual Learning

Looked after children or Statemented child

Does the child have a statement of educational need : Yes / No

If yes, please specify school named in statement:

Name of the Local Authority responsible:

Is the child subject to a Local Authority Care Order (i.e a looked after child) : Yes / No

If yes, please provide the name of the Local Authority and Social Worker's name:

Where the number of applications exceeds the number of places, the Governors will offer places using the following criteria in the order stated below.

Which category is your child?

1. Looked after Catholic Children. Evidence of Baptism required. (Catholics include members or the Ordinariate and the Latin and Oriental Rite Churches that are in union with the Bishop of Rome. ☐
2. Baptised Catholic children. Evidence of Baptism will be required. (Catholics include members or the Ordinariate and the Latin and Oriental Rite Churches that are in union with the Bishop of Rome. ☐
3. Children enrolled in the catechumenate, preparing to become Catholics. Evidence will be required. ☐
4. Other looked after children. (See Note i) ☐
5. Children baptised or dedicated into other Christian denominations, Churches affiliated to or represented at "Churches Together in England." ☐
6. Children who are members of other faiths, whose parents wish them to receive a Christian education. This should be supported by a letter and evidence of their faith will be required. ☐
7. Any other children ☐

- I confirm that I have parental responsibility for the child detailed above
- The information given on this form is correct to the best of my knowledge and the address given is the child's home address. I undertake to notify St Michael Primary School of any change to this address or circumstances between the date of the application and when I am notified of the outcome. I understand that checks may be made to verify the details given above and I may be required to provide further documentary evidence in the event of discrepancies.

- I understand that if I have given any information that is incorrect, St Michael Primary School reserves the right to withdraw any place offered, whether or not the child had started at the school.

A copy of your child's birth certificate or passport needs to be seen on presentation of application.
***Please also bring any relevant evidence for the criteria you have stated.**

Parent / Carer Signature _____ Print _____ Date_____

Office Use Only

Date Application Received_____ Birth Cert Seen ☐ Baptismal Cert Checked ☐

Proof of address ☐ **This must be a current Council Tax Bill**