



APPLICATION FOR A PLACE AT ST. BENEDICT'S RC PRIMARY SCHOOL

Please complete the information below. These details will only be used in relation to the Children Act 1989 and 2002, Data Protection Act 2018. Please refer to our Privacy Notice for details of how your data will be processed.

Child's Details:			
Should you be allocated a place, you will need to bring the child's birth certificate or adoption order to school for copying. This proves the child's entitlement to education.			
Full Name		Date of Birth	
Name that child is known as:			
Address		Home Telephone number	
Post code			
Home email		We will use your details to contact regarding your child, this will include text messaging	
Requested date of admission			
Year Group	Nursery / Reception / Other – please state: 1 / 2 / 3 / 4 / 5 / 6		
Parent/Family Contact Details:			
Please remember to update the office with any changes, especially mobile numbers			
Priority One Contact			
Full Name		Relationship	
Address (if different from above)		Tel. Numbers - if different from above	
		Home	
		Mobile	
Post code		Work	
Email Address			
I have parental responsibility for the child named above. Please note Only those people with parental responsibility may sign permission letters etc.			
Signed		Date	
Priority Two Contact			
Full Name		Relationship	
Address (if different from above)		Tel. Numbers - if different from above	
		Home	
		Mobile	
Post code		Work	
Email Address		Receive Newsletters Yes / No	
I have parental responsibility for the child named above. (Do not sign if you do not have parental			

responsibility).																							
Signed						Date																	
Priority Three Contact																							
Full Name				Relationship																			
Address																							
Telephone numbers:				1 st				2 nd				3 rd											
Priority Four Contact																							
Full Name				Relationship																			
Address																							
Telephone numbers:				1 st				2 nd				3 rd											
Names of people who will usually collect your child from school																							
Name				Relationship																			
Name				Relationship																			
Name				Relationship																			
Names of others who live with your child & their relationship to your child																							
Name				Relationship																			
Name				Relationship																			
Name				Relationship																			
Name				Relationship																			
Child's Medical Details & Contacts																							
Child's NHS Number																							
Doctor Name				Surgery Name																			
Surgery Address Post Code				Surgery Telephone number																			
Details of any existing medical conditions that your child has?				Details of any known allergies																			
				Does your child wear glasses?				Yes / No															
Any other information				On admission to the school please complete additional permission to administrator inhaler form if required																			
Other Information																							
Usual mode of transport to school (Please tick)																							
Walk				Bus				Car				Car share				Cycle				Taxi			
Are you in receipt of any of the following? (please tick)																							
Income Support												Income-based Job seekers Allowance											
Income-related Employment and Support Allowance												Support under Part VI of the Immigration and Asylum Act 1999											
Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit												Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)											

The guaranteed element of State Pension Credit		Universal Credit, - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)	
Meals:			
Would you like your child to have a school meal? Yes / No			
Has your child any of the following orders decided by the courts? (please indicate)			
Has your child been made the subject of an adoption order, placement order or freeing order? Yes / No			
Residence orders		Emergency protection order	
Contact order		Care order or interim care order	
Specific issue order		Supervision order	
Prohibited steps order		Education supervision order	
Child protection order			
Language			
Mother tongue		Language spoken at home	
Ethnicity			
Ethnic background describes how we think of ourselves, it is not the same as nationality of country of birth (please tick)			
White	British	Mixed/dual Background	White & Black Caribbean
	Irish		White & Black African
	Traveller of Irish Heritage		White & Asian
	Gypsy/Roma		Any other mixed background
	Any other white background		
Asian or Asian British	Indian	Black or black British	Caribbean
	Pakistani		African
	Bangladeshi		Any other black background
	Any other Asian Background		
Chinese	Chinese	Any other	Any other ethnic background
I do not wish an ethnic background to be recorded			
Child's Religion			
Religion (please tick)	Roman Catholic		
	Non-Roman Catholic		
If R.C please indicate the date and place of baptism			
Please provide a copy of the child's Baptismal Certificate for children baptised in another parish than St Benedict's Parish			
If non-R C, please indicate if there are any family religious affiliations and give details:			

**THE COMPLETION OF THIS FORM IN NO WAY INDICATES THAT A PLACE IS MADE AVAILABLE AT ST BENEDICT'S R C PRIMARY SCHOOL.
THE DECISION OF THE GOVERNING BODY WILL BE MADE KNOWN TO THE HEAD TEACHER IN DUE COURSE.
SHOULD YOUR CHILD NOT BE ALLOCATED A PLACE AT ST BENEDICT'S THIS FORM WILL BE SECURELY DESTROYED.**