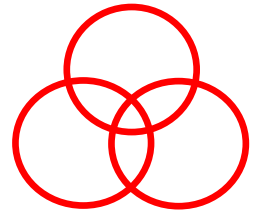




St Edmund's Catholic Primary School

APPLICATION FOR ADMISSION

Academic Year 2021/22



Child's Name: _____ **Date of Birth:** _____

Parents' Names: _____

Address: _____

Telephone numbers: _____

(please state day or evening)

Children's denomination (religion): _____

Parents' denominations: Mother _____ **Father:** _____

Children's current school: _____

Signed: _____ **Date:** _____

Please provide a copy of your child's birth certificate when returning this form

SCHOOL USE ONLY:

Date Places offered:

Date places accepted:

Birth Certificates seen:
(Copies to be attached)

Baptismal Certificates seen:

Enrolment forms completed: