

SCHOOL ADMISSIONS SERVICE PRIMARY SCHOOL APPLICATION FORM SEPTEMBER 2005

Information you provide on this form will be held on a database, and may be shared with the school to which you apply. For photocopying purposes, please complete clearly in block letters using black ink. When submitting your application form, please include a copy of a current Council Tax bill or recent utilities bill which shows your current address.

SECTION 1 (To be completed by the Parent (s) / Guardian (s))

Surname of Child: **First Name (s):**

Date of Birth: **Gender: Male** **Female**
(please tick as appropriate)

Name(s) of parent(s) or guardian(s) with parental responsibility

Title (Mr/Mrs/Ms/Miss)	Initials	Surname	Daytime Tel No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Address at time of application:

Post Code: **Home Telephone Number:**

Mobile Telephone Number: **Work Telephone Number:**

Last School attended (if applicable).
Please state nursery if applying to
Kenningtons Primary School:

Primary School 1st Preference:

Primary School 2nd Preference:

Primary School 3rd Preference:

Details of any brothers or sisters attending any of the selected schools, or a partner Infant / Junior School who will be attending at the date of admission:

Name	Date of Birth	School attended
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give any further details that may support your application: (Please continue on a separate sheet of paper if required, placing your child's name and date of birth at the top and stapling to this form)

Parent(s) / Guardian(s) signature: _____ Date: _____

SECTION 2 (To be completed by the Parent (s) / Guardian (s) of practising Catholic families or those of other denominations)

Childs Name: Religion:

Date and place of baptism:

Details of Parent (s) / Guardian (s)

	Mother	Father
Name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Religion:	<input type="text"/>	<input type="text"/>
Parish of residence:	<input type="text"/>	<input type="text"/>
How often do you attend Mass?	<input type="text"/>	<input type="text"/>
How long have you been a practising Catholic:	<input type="text"/>	<input type="text"/>
At which Church do you normally Worship:	<input type="text"/>	<input type="text"/>

Do you wish your child, primarily, to receive a Catholic education? Yes No

Have you chosen a Catholic school as your first preference? Yes No

Signature of Mother: Signature of Father:

This section to be completed by the Priest or Minister:

The Parent (s)/Guardian (s) are known to me: Yes No

The child is a member of a practising Catholic / family: Yes No

I support this application: Yes No

The Parent(s)/Guardian(s) are resident (and worship) in my parish: Yes No

Any additional comments:

I have read and understood the Guidance Notes for Parish Priests on Admission to Catholic Schools (Copy available from the Education Services Department). I confirm that, on the basis described in that guidance, the above statements relating to the named child and their families practice is true, to the best of my knowledge and belief.

Date:

Priest's name: Signed:

(Place Parish/Church seal over signature)

Name of Church: Denomination:



SECTION 3 (To be completed by parents and retained by the Priest / Minister)

Details of Parent(s) / Guardian(s)

Mother

Father

Name:

Address:

Telephone Number:

Parish of residence:

Are you Catholic:

At which Church do you normally Worship:

How often do you normally Worship at Mass:

How long have you been a Practising Catholic:

If you do not worship at Mass regularly, or you have only recently started to do so, please give reasons. Please also give any other details, which may be relevant and useful:

Child's name:

Date of birth:

Date and place of Child's baptism:

Date and place, if appropriate, of your Child's First Holy Communion:

Date and place, if appropriate, of your Child's preparation for the Sacrament of Reconciliation (First Confession):

If you or your child participate in or contribute to parish activities, please give details:

Why do you wish your child to attend a Catholic School:

We declare that the information given on this form is true. We understand and accept that the information given remains confidential and will not be shared with the School, or used in any way except for purposes connected with our pastoral care within the Catholic Church.

Signature of Mother:

Signature of Father:

SECTION 4

(To be completed by Parent (s) / Guardian (s) applying to Orsett C of E Primary School)

Please provide details of any future prospective pupils (This does not guarantee a future place):

Name: Date of Birth:

Name: Date of Birth:

What Church do you attend:

How often do you attend Church?

(Most weeks, family service, occasionally, never)

Is your Child a member of: Church organisation Yes No

Church toddler group Yes No

Sunday School Yes No

If yes, please provide the name of the organisation, group, or School:

In what ways, other than worship, is the family involved in the Church:

Please tell us if there are any special reasons or circumstances why you would like your Child to attend a Church School:

We, the Parent(s)/Guardian(s) of the above Child, apply for their entry to Orsett Church of England Primary School and declare the above facts to be true. If our Child should gain a place, we will do all we can to support the Home-School Agreement and to co-operate with the teaching staff.

Parent(s)/Guardian(s) Signature: Date:



SECTION 5

(To be completed by the Rector/Vicar/Minister for Parent (s) / Guardian (s) applying to Orsett C of E Primary School)

Name of Child: Date of Birth:

How long have you known this family:

How long have they been members of your Church?

How often does this family attend Church?

Can you confirm the details within Section 4 of the application: Yes No

If No, please provide reasons:

What is the family's involvement in the Church other than Worship:

Do you recommend the admission of the Child named above: Without reservation
Strongly
On the whole
No

Are there any special circumstances that you feel would be helpful to the Governors so that they make the best decision for the Child named above:

Signed by Rector/Vicar/Minister: Date:

Name:

Address:

Telephone Number:



NOTES OF GUIDANCE

PLEASE READ CAREFULLY BEFORE COMPLETING THE APPLICATION

IMPORTANT NOTE: Thurrock Council is co-ordinating the procedure for admission to all primary schools from September 2005.

Please return completed form(s) together with supporting evidence as required to **Education Department, PO Box 118, Grays, Essex, RM17 6GF**, by the closing date of **11th February 2005**. Applications received after that date will not be considered until all applications received by the closing date have been dealt with, other than in very exceptional circumstances, for which evidence will be required.

SECTION 1:

To be completed by **ALL** parents in full and returned to the Education Department. Parents who are applying for Kenningtons Primary School must submit a copy of the child's birth certificate and proof of current address, e.g. copy of family allowance book.

SECTION 2:

To be completed by parents applying to St. Joseph's Catholic Primary School, Holy Cross Catholic Primary School, St. Thomas of Canterbury Catholic Primary School and St. Mary's Catholic Primary School. Complete and return, countersigned by the Priest or minister with copies of a birth certificate, baptismal certificate (if applicable) and child benefit book or direct debit certificate as proof of address, to the **Education Services Department**.

SECTION 3:

This section is for parents applying to St. Joseph's Catholic Primary School, St. Thomas of Canterbury Catholic Primary School, St. Mary's Catholic Primary School and Holy Cross Catholic Primary School. **Please detach this form from the main application form and forward to the priest in a sealed envelope for completion. Do not send the form to either the school or the Education Department.** This is a self-assessment, which is confidential and will not be shared with the school or used in any way except for the purposes connected with pastoral care within the Catholic Church. There is no obligation to complete this form and any failure to do so, will not detrimentally affect the application.

SECTIONS 4/5:

Sections 4 and 5 to be completed by parents applying to Orsett C of E Primary School and countersigned by the Minister or Priest. Please return with section 1 to the Education Department.

Your address at the closing date for applications is the address by which your child's priority for admission will be determined. If you are moving house and can provide proof of exchange of contracts by the closing date, your new address will be used. Exceptional social or medical reasons must be supported by appropriate professional evidence – e.g. letter from a Doctor or Social Worker. A place will be withdrawn if incorrect information is found to have been given. The Council reserves the right to check information or ask further information to be provided.

For photocopying purposes, please complete the form clearly in block letters using black ink. If you need help in completing this form, please contact the Admissions team on 01375 652883

