

# Mid Year Admissions Information for St. Joseph & St. Bede School

St. Joseph & St. Bede is a Catholic Voluntary Aided Primary School and the governors consider all applications for admission before places are offered with regard to our Admissions Criteria

**Surname of child:**

**First names:**

**Date of birth:**  **Male/Female**

**Address:**

**Postcode:**

**Telephone:**  **Mobile**

**Previous School Attended**

<b>Is your child a 'looked after child' i.e in public care?</b>	Yes / No	Please provide relevant documentation
<b>Child's religion:</b>	<input type="text"/>	
<b>Date of Baptism:</b>	<input type="text"/>	
<b>Church where baptised:</b>	<input type="text"/>	
<b>Certificate seen by:</b>	<input type="text"/>	[If baptised in a parish <i>other</i> than St. Joseph & St. Bede, please supply the baptismal certificate or proof of baptism from the Parish Priest].
Does your child have a proven special educational, medical or social need and would benefit from a place in this school?	<input type="text"/>	Appropriate evidence or reports from a doctor or social worker would be required with the application.

**Parent/Carer's name:**

**Religion:**

**Address** (if different to above)

**Tel:**

**Parent/Carer's name:**

**Religion:**

**Address** (if different to above)

**Tel:**

Please note it is helpful for the school to know the arrangements for children who have parents/carers who share their child's care.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Night	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Night	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of children in the family:**

**Position (e.g. first out of three)**

**Brothers/Sisters:**

<b>Name:</b>	<input type="text"/>	<b>Age</b>	<input type="text"/>
<b>Name:</b>	<input type="text"/>	<b>Age</b>	<input type="text"/>
<b>Name:</b>	<input type="text"/>	<b>Age</b>	<input type="text"/>

I/We request a place at St. Joseph & St. Bede R.C. Primary School for my/our child. If any of the above information changes (e.g. change of address) it is your responsibility to inform the school and to amend this form. Please return this application form to school.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Mid Year Admissions Emergency Contact Information

Required in case of illness or an accident this information will be updated to the G2 computer data base.

**Child's Name:** \_\_\_\_\_

<b>Contact 1 Name:</b>			
Address:			
Relationship to child:			
Landline Tel. Number:		Mobile Number	

<b>Contact 2 Name:</b>			
Address:			
Relationship to child:			
Landline Tel. Number:		Mobile Number	

<b>Contact 3 Name:</b>			
Address:			
Relationship to child:			
Landline Tel. Number:		Mobile Number	

## Medical Information

GP Family Doctor	
Address	
Phone Number:	

Medical condition e.g. asthma	
Medication	
Does your child wear glasses?	Yes / No
Does your child wear a hearing aid?	Yes / No
Does your child need any assistance with access e.g. mobility, special support etc.	

Does your child have any allergies?	
Does your child require a special diet?	
Any other information	

I agree for my child to be treated by a qualified First Aider at St. Joseph & St. Bede if this is required.

Signed: \_\_\_\_\_ [parent/carer]      Date: \_\_\_\_\_

Printed: \_\_\_\_\_