



St Margaret's Catholic Primary School

THIS SECTION TO BE COMPLETED BY THE SCHOOL

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Date application received	
Birth Certificate	Yes / No
Baptismal Certificate	Yes / No
Proof of residence	Yes / No
Governors' decision	Yes / No

SECTION 1 – Family Details

Child's Full Name (Block Capitals): **Gender**

Names of parent(s) / Legal Guardians

Mr & Mrs/Mr/Mrs/Miss/Ms (Delete as applicable)

(A) Parents'/Guardians' Name & Address and DOB:

.....

(B) Father/Mother's Name & Address: and DOB (If different from A)

.....

Please indicate the child's weekday home address (A or B):

If the child resides at both addresses, please indicate how many school days are spent at each address.

.....

Contact telephone number

email address

The school will acknowledge receipt of this form by email.

Please note that completion of this application form does not guarantee the allocation of a place.

When returning this form, the following **must** be included:

- Copy of Birth Certificate
- Copy of Baptismal Certificate

This form must be signed and dated.

Signature of Parent / Guardian: _____

Date: ____/____/____

Please print name (in capitals):
