

HOLY SOULS R.C. PRIMARY SCHOOL

MALLARD CLOSE, BIRMINGHAM B27 6BN



Headteacher: Mrs R Girling

Telephone: 0121 272 1776

FORM MUST BE COMPLETED IN FULL

Date: _____

Application for admission in year group _____

SECTION A

Surname of Child _____

Christian name of Child _____

Date of Birth _____

Gender _____

Address _____

Telephone No. _____

Email address _____

Previous/Current School/Nursery (full name and address)

Still attending previous/current school Yes/No

If no date last attended _____

New to Birmingham Yes/No

New to Country Yes/No If yes, date of arrival _____

Previous Address _____

Date of Baptism _____

Place of Baptism _____

First Holy Communion Yes/No Date: _____ Church: _____

Confirmation Yes/No Date: _____ Church: _____

SECTION B

Mothers Name _____

Address * _____

Fathers Name _____

Address (*if different from above) _____

Other children

Name	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ADVISE SCHOOL OF ANY SIGNIFICANT MEDICAL CONDITIONS

I certify that the above information is correct.

Signed: _____ (parent/guardian)