

# 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)

