Chi	ld's Det	ails										
Sur	name								Date of Birth			
Fore	ename								Boy / Girl			
Current Primary or Junior School												
Chil Hon	d's ne Addr	ess										
Postcode												
Council Tax Reference Number												
Parent's or Carer's Details												
Title	•			Forena	me		Sur	name				
Tele	Telephone		Daytime			Eveni	Evening			Mobile		
Nur	mbers										4	
Email Does this person have									□ Yes			
Relationship to Child							parental responsibility?			□ No		
If your home address is different to the child's address, please provide details below. Please note: the address used for allocating school places is the child's home address.												
List the schools you wish to apply for in order of preference												
Listing only one school will not increase your chances of gaining a place there. If your child will have a brother or sister at one of your preferred schools in September 2018, please give their details.												
Name of School				<u></u>				Brother/Sister's Name			Date of Birth	
1												
2												
3												
4												
5												
6	6											
Looked After (In Care)*									□ Yes			
If yes, which local authority? *Children in the care of, or provided with accommodation by, a local authority and children who were looked after, but ceased to be so because they were adopted (or became subject to a residence order or special guardianship order).												
						pecial needs?						
-						listed as a preference	ce?		□ Yes	□ Nc)	
If yes, which school?												

Applications faith schools	for t	Please contact the school directly for detailed information about the criteria that the school use for applications. Evidence of faith should sent to the school concerned directly . Missing evidence could affect your child's application and priority for a place.									
Cathalia Sabaala											
Catholic Scho	DOIS				_			_			
ls your child	□ Ye	s Da	te of ba	ptism	۱ I				Copy of certificate		
baptised?	🗆 No	Pla	ce of ba	aptisr	n				submitted to school?	🗆 No	
If evidence is required to meet the cu Indicate the number of times per year					e criteria, the priest or minister should year the church is attended.						
(Refer to indiv	idual s	chool's a	admissi	on policy)					submitted to school?	□ No	
Church of En	aland	(C of E)	Aided	and	Founda	tion Schools					
Is your child a							r		□ Yes		
Member of a C			No Are the parents/carers regular No worshipping members of a C of E church						□ No		
Name of church of worship and full address										1	
indicate the number of times per year the church is attended.										□ Yes	
										🗆 No	
Other World	Churcl	nes or F	Places of	of Wo	orship						
Religion											
Are parents/carers regular worshipping members of a church or place of worship?											
If yes, please give details including address of place of worship											
If evidence is should indicate	-				-			elder	Evidence submitted to	□ Yes	
(Refer to indiv	idual s	chool's	admissi	on po	olicy)				school?	□ No	
Declaration											
 I confirm that I have read and understood the admission arrangements for applying for a secondary school place, for Year 7 entry in September 2019. I certify that the information given is correct and understand that giving false or misleading information may result in a school place being withdrawn. 											
Signatura					Print Name						
Signature						Date					
Return to: Warwickshire Admissions Service Saltisford Office Park Ansell Way Warwick					or Office se Only	Phone App	Officer	Date	Copy t	o parent	
CV34 4UL By 5pm on 31st October 2018											