

FOR OFFICE USE ONLY		CATEGORY:
RECEIPT ISSUED <input type="checkbox"/>	BAPTISM DETAIL VERIFIED <input type="checkbox"/>	

St Joseph's Catholic and Anglican High School, Wrexham

APPLICATION FORM – ENTRY SEPTEMBER 2021

Part 1 of 2 – this must be completed by parents / carers NB it is essential that the Minister / Priest / Religious Leader completes part 2			
Child's present primary school			
Child's surname		Male:	Female:
Child's first name		Date of Birth:	
Child's permanent address			
		Postcode:	
Child's religion:			
<input type="checkbox"/> Catholic;			
<input type="checkbox"/> Anglican;			
<input type="checkbox"/> Other Christian (<i>please advise which denomination</i>):.....			
<input type="checkbox"/> Other Faith (<i>please advise which faith</i>):			
<input type="checkbox"/> No Religious Affiliation			
Sacraments Received: Photocopies of Certificates/ Verification Documents must be included			
If applicable please give the date and place of baptism			
<i>It is essential that your minister / priest/ religious leader verifies your involvement in the church / place of worship by completing the enclosed Supporting Information Form (Part 2 of 2)</i>			
<i>For the following section please replace church with place of worship where applicable:</i>			
Evidence of involvement in a local church:			
<i>Are the family members of a local church?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, please give the name, address and telephone number of church you belong to:</i>			
<i>How long have you been members of this church?</i>	 years	

How regularly do the family attend church services? To help the governors please give as much detail as possible:

Does your daughter / son attend church services? Please give details

*Is your son / daughter involved in other activities related to your church?
e.g. sacramental programmes, choir, music groups, server etc.?*

Evidence of commitment to church school education:

Please explain why you wish to seek a church school education for your child

Sibling information

Other children in the family – please give name, age and school currently attended:

Please state full name(s) of applicant (e.g. parents/guardians carers and include address if different from above.

Mr/Mrs/Ms	Forename	Surname	Relationship to child
Address (if different from child's permanent address)			
Main Contact Telephone Number:			
Email address:			
Mr/Mrs/Ms	Forename	Surname	Relationship to child
Address (if different from child's permanent address)			
Main Contact Telephone Number:			
Email Address:			

Special needs	Yes	No
<i>Does your child have any special educational needs / additional learning needs?</i>		
<i>Does your child have a Statement of Special Educational Needs / Individual Development Plan issued and monitored by your County Borough Council's Education Department?</i>		
<i>If there are medical or compassionate grounds that support this application, please give details here. If you are applying on medical grounds, you may wish to attach a letter from a doctor or other professional. If you require more space please add an accompanying letter</i>		

Looked After or Previously Looked After Children	
<i>Name of Local Authority</i>	<i>Date of Involvement</i>

Other Information
<p>Are you applying for a place at any other schools? <input type="checkbox"/> yes <input type="checkbox"/> no (This includes other local authority <u>and</u> private schools)</p> <p>If yes please give name of school:</p>
<p><i>Other Information – If the questions on this form have not allowed you to fully state your case, you may give, in an accompanying letter, additional information you would like the Governors to be aware of.</i></p>
<p>Declaration:</p> <p><i>I declare that all the information, which I have provided, is true. I understand that any place allocated on the basis of fraudulent or intentionally misleading information may be withdrawn. I am aware that the information given on this form will be shared with the Local Education Authority and other admitting authorities for the coordination of admission arrangements.</i></p> <p>Name:.....</p> <p>Signature..... Date:.....</p>

NOW PLEASE GIVE THE OTHER FORM (PART 2) TO YOUR PRIEST/ MINISTER / RELIGIOUS LEADER BUT REMEMBER TO LET HIM/HER SEE THIS APPLICATION FORM AS WELL. ONCE YOUR PRIEST / MINISTER / RELIGIOUS LEADER HAS SEEN THIS FORM RETURN IT TO THE SCHOOL AT THE ADDRESS BELOW.

(If you are not able to obtain support, please return the form direct to the school)

PLEASE NOTE: THE CLOSING DATE FOR APPLICATIONS IS

6th November 2020

**ALL APPLICATION FORMS MUST BE RECEIVED
AT THE SCHOOL BY THAT DATE**

*The Clerk to the Governing Body,
 St Joseph's Catholic and Anglican High School,
 Sontley Road,
 Wrexham
 LL13 7EN*