## ST. CLARE'S CATHOLIC PRIMARY SCHOOL

GARMOYLE CLOSE LIVERPOOL L15 0DW Tel: 0151 733 4318



## APPLICATION FORM FOR ADMISSION TO THE RECEPTION CLASS IN SEPTEMBER 2021

ΓHIS FORM MUST BE COMPLETED AND RETURNED TO ST. CLARE'S SCHOOL BY
15 <sup>TH</sup> JANUARY 2021 IF YOU WISH TO MAKE AN APPLICATION FOR A PLACE IN
SEPTEMBER 2021.

Child's Name	

## PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM

Name of Child:	Forename/s :
	Surname:
Gender:	Male Female
Date of Birth:	Day: Month: Year:
Religion:	
baptised in and th	baptised Catholic please indicate the name of the church your child want date of baptism. (A copy of the baptism certificate will be required urptised in St. Clare's or St. Hugh's).
baptism certificate	
(c) If your child is	a member of a faith other than Christian please give details. Please
(c) If your child is complete a Supple	e will be required).
(c) If your child is complete a Supple	a member of a faith other than Christian please give details. Please ementary Faith Form, which can be obtained from the school office.
(c) If your child is complete a Supple	a member of a faith other than Christian please give details. Please ementary Faith Form, which can be obtained from the school office. pleted by your Minister of Religion and returned with this form.
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(c) If your child is complete a Supple This must be com  Name of Parent/G  Mother  Home address of	a member of a faith other than Christian please give details. Please ementary Faith Form, which can be obtained from the school office. pleted by your Minister of Religion and returned with this form.    Guardian:

8a.	St. Clares?	Yes No Yes
8b.	If Yes, please inc	licate the child's name and year group.
	Child's Name	Year Group
	Child's Name	Year Group
9.	I / We have com	pleted the on line LEA Preference Form.
		Yes No
10.	Declaration by P	arent / Guardian
	The information	entered on this form is, to the best of my knowledge and belief, correct.
	SIGNATURE:	DATE:
		(Please inform us of any change to your details)
Plea	ase provide your	email address below for any correspondance

## A COPY OF YOUR CHILD'S BIRTH CERTIFICATE MUST BE PROVIDED WITH THE APPLICATION FORM TO RETURN APPLICATION FORM PLEASE EMAIL TO

clares-ao@st-clares.liverpool.sch.uk