

Ministerium Tuum Imple Love Serve Do the best that is possible

PLEASE COMPLETE IN BLOCK CAPITALS						
Child's legal forename						
Child's legal surname						
Child's preferred forena	me					
Date of birth	(Current Year Group			Male/Female	
Home Address	Postcode					
Religion		Parish child attends (Catholic)	lf			
Nationality		Does your child spea	k `	YES/NO		
Parent/Carer's name						
Relationship to child						
Home number		Mobile number				
Parent email address						
Name and address of current school	urrent school					
School telephone	If no longer at this school, please give date last attended: Contact Name					
Date wishing to start at	St Paul's					
If another adult has parental responsibility but does not live at the same address as the child please include details						
If you are wishing to transfer schools within Milton Keynes please tell us you reasons for requesting a school transfer (please note back page must be completed by current school)						
Reason for choosing St Paul's						
Does your child hold an EHCP? *YES/NO			Is your child undergoing assessment for a statement of educational needs? ** YES/NO			
*If your child has an Education, Health and Care Plan, the application must be made through the Local Authority SEND Admission team.		** If you have an	** If you have answered YES, please give details of the Local Authority involved			
Has your child ever been excluded from school?		YES/NO	If YES	S please give deta	ails.	

Have you ever withdrawn your child from a school?		YES/NO	If YES please give details.		
Is your child entitled to FSM?	YES/NO	Is your child subject to a court order?	YES/NO	How many schools has your child attended since starting education?	
Please add any informa	tion you wo	ould like us to	o know before we	e process your application	
I certify that I have parental responsibility for this child.					
I confirm that the information provided is to the best of my knowledge correct and up to date. I understand that if I give any false or deliberately misleading information on this form and/or supporting papers or withhold any relevant information, this may lead to the withdrawal of any offer of a school place for my child.					
I hereby authorise St Paul's Catholic School to contact my child's previous school (if relevant)					
Signature: Date:					
Print Name:					

Please indicate with a tick in the box which category you are applying for

САТ	CRITERIA	PLEASE TICK
A	Catholic looked after and previously looked after children, including Catholic children previously looked after outside of England. Please state which parish you attend and attach a copy of the child's baptismal certificate. Please state name of the relevant Care Authority.	
В	Catholic children who belong to families vouched for by their Parish Priest as practising their religion (Parish Priests may vouch for catechumens under this criterion.) Please state which parish you attend and attach a copy of your child's baptismal certificate and a letter of support from your Parish Priest.	
С	Other Catholic children not known to their Parish Priest whose application is supported by a copy of their baptismal certificate. Please attach a copy of your child's baptismal certificate	
D	Other looked after and previously looked after children, including children previously looked after outside of England. Please give details of the relevant Care Authority	
E	Children of members of staff who have been employed at St Paul's for at least two years when the application is made or a member of staff who has been recruited to fill a vacant post at the school for which there is a demonstrable skill shortage.	
F	Catechumens and members of an Eastern Christian Church	
G	Members of other Christian Churches whose parents seek a specifically Christian element in their secondary education and children of other faiths, whose application is supported by a letter from the vicar or minister of the church they attend. The letter must say that the family are known to practise their religion and that the vicar or minister is happy for the child to be educated in a Catholic School. *Please attach a letter of support from the vicar or minister of the church you attend.	
Н	Any other children	

*Supporting documentation must accompany the application form. The admission process cannot commence until we receive the documentation requested. We also require a copy of the child's passport and proof of address.

IMPORTANT – If you are seeking to transfer to St Paul's from another school within Milton Keynes area the Headteacher of the child's current school must complete this section before we can process your application. The form needs to be stamped with the school stamp.

Does the child have any special needs?		SEN Support SEN EHCP/Statement					
		Currently Under Assessment					
Please tick							
Does the child have any fixed term exclusions? If yes, please provide details		Alternative Ed		Managed Move			
Are there any attendance related issues? Please give % attendance and number of unauthorised twelve months		absences in the last	%				
Has there been any external agency involvement?	/	CAMHS		csc			
Case worker name if applicable		CFP		Ed Psych			
		Young carers		Other			
Have there been any Safeguarding issues?	YES/NO	If YES please provide de Officer.	etails addres	ssed to Mr G Roach, Safeg	uarding		
Any other information regarding the student which may be relevant when processing this application (including any behaviour concerns).							
Name		School Stamp					
Position							
Signed			-				
Date							
Please return completed form to:			<u> </u>				
Admissions							
St Paul's Catholic School							
Phoenix Drive							
Leadenhall							
Milton Keynes							
MK6 5EN							