

St Francis of Assisi Catholic Primary School

Blakehall
Skelmersdale
WN8 9AZ



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Headteacher: Mrs A E Naylor
Deputy Headteacher: Mrs S Lamph

APPLICATION FORM FOR A SCHOOL PLACE

PREVIOUS SCHOOL (if any) _____

SURNAME _____ **CHRISTIAN NAME/S** _____

ADDRESS _____ **POSTCODE** _____

DATE OF BIRTH _____ **COUNTRY OF BIRTH** _____ **Male / Female** _____

PARENT INFORMATION

* Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		Yes / No	
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:	MOBILE:	
E-MAIL ADDRESS					
NATIONAL INSURANCE NUMBER					

FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		Yes / No	
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:	MOBILE:	
E-MAIL ADDRESS					
NATIONAL INSURANCE NUMBER					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.



TITLE		FORENAME		SURNAME	
DATE OF BIRTH		RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	Yes / No
HOME ADDRESS including post code	<input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:	MOBILE:	

CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary

Please provide below the names of at least two people who can be contacted by school in emergency, underlining the main contact number.

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					
TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

DOCTORS NAME _____ ADDRESS _____

MEDICAL CONTITIONS _____

ALLEGIES _____

Ethnic Origin: _____ e.g. White, Black-African, Black Caribbean, Black-other, Indian ect.

Catholic Yes / No _____ Christian _____ Yes / No Where Baptised _____

Main Mother Tongue: _____ e.g. English Bengali etc

Signed _____ Date _____

FOR SCHOOL USE ONLY

Birth Certificate Seen Yes / No

