

St Mary's Catholic Primary School
Lea Road, Wrexham

Admission Form

Name of child Date of Birth

Position in family

Address
.....

Telephone No. Home Work..... Mobile

Emergency No. Name No Relationship to Child

Name No Relationship to Child

Father's Name

Mother's Name

Religion Parish

Place of Baptism Date

Please enclose a copy of the Baptismal Certificate.

Name of Doctor

Address

Telephone No.

Any medical conditions

.....

Special circumstances

.....



**ADMISSION OF CHILDREN TO SAINT MARY'S CATHOLIC PRIMARY
SCHOOL, WREXHAM**

Form for obtaining a priest's reference in connection with an application for admission

The name and address of the child for whom you are applying for a place.
Your name and address. (Give all names by which you are or have been known. Give all addresses at which you have resided in the past three years)
Your telephone numbers and other contact details.
What is your relationship to the child? (Parent, grandparent, guardian, etc)

Please give details of your religious affiliation.																
Which parish, parishes or places of worship do you normally attend for Sunday Mass (or 'first Mass on Saturday)? Give the name and contact details of the parish priests, and the names and addresses of the Churches.																
Please indicate below how frequently on average you attended Sunday Mass (or 'first Mass' on Saturday) in the last year. Place a tick in the box that most accurately describes your practice.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Every Week</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%;">Once every six weeks</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Three weeks in four</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Once every two months</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Two weeks in four</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Once every six months</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>One week in four</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Once every year</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Every Week	<input type="checkbox"/>	Once every six weeks	<input type="checkbox"/>	Three weeks in four	<input type="checkbox"/>	Once every two months	<input type="checkbox"/>	Two weeks in four	<input type="checkbox"/>	Once every six months	<input type="checkbox"/>	One week in four	<input type="checkbox"/>	Once every year	<input type="checkbox"/>
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Please give any other supporting information concerning your <u>religious affiliation and practice</u> that you wish to be taken into account.																
<p>Parental Declaration</p> <p>I certify that I am a member of the Catholic Church (as defined by the information notes accompanying this form).</p> <p>I certify that the information given in this form is true to the best of my knowledge. I accept that if any of this information is subsequently found to be false, my child will be liable to lose their place at the school.</p> <p>Signature: _____ Date: _____</p>																

Priest's Declaration

** Please delete as appropriate:*

* I certify that _____ has signed this self declaration form and that the information he/she has given concerning his/her religious practice is accurate to the best of my knowledge.

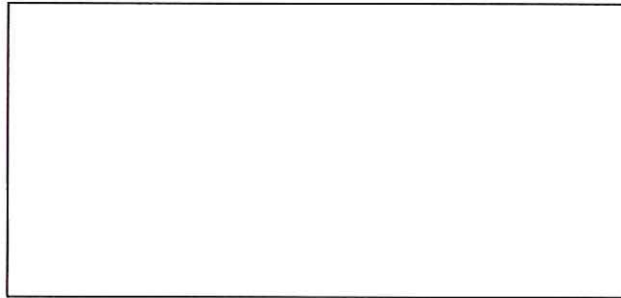
* I certify that _____ has signed this self declaration form. I have recorded below, under 'comments', any reservations that I may have concerning the accuracy of the information on religious practice.

Signature: _____ Date: _____

Parish: _____

Phone contact number: _____

Parish Stamp



Use a separate sheet for additional comments if necessary

Note: Completed copies of this form and separate comment sheet should be retained by the Priest for reference purposes.