

| <b>PLEASE COMPLETE IN BLOCK CAPITALS</b>  |  |   |             |
|---|--|---|-------------|
| Child's name  |  |   |             |
| Date of birth   |  | Current Year Group  | Male/Female |
| Home Address  | Postcode   |   |             |
| Name and address of current school  | If no longer at this school, please give date last attended: |   |             |
| School telephone  |  | Contact Name  |             |
| Nationality   |  | Country of birth  |             |
| Religion  |  | Parish you attend (If Catholic)   |             |
| <b>ALL</b> languages spoken at home   |  | Does your child speak fluent English?                                     | YES/NO      |
| Date wishing to start at St Paul's  |  |   |             |
| Parent/Carer's name   |  |   |             |
| Relationship to child   |  |   |             |
| Home telephone number   |  | Mobile number   |             |
| Parent email address  |  |   |             |
| 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 a statement of educational needs?  | YES/NO   | Is your child undergoing assessment for a statement of educational needs? | YES/NO      |
| If you have answered YES to either of the above please give details and the name of the Local Authority involved.   |  |   |             |
| Have you ever withdrawn your child from a school?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 information you would like us to know before we 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

| CAT | CRITERIA   | PLEASE TICK |
|-----|--|-------------|
| A   | <p>Catholic Children in Care of Local Authority</p> <p><b>*If you tick this category please state which parish you attend and attach a copy of the child's baptismal certificate</b></p> <p>.....</p>  |             |
| B   | <p>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.)</p> <p><b>* If you tick this category 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.</b></p> <p>.....</p>  |             |
| C   | <p>Other Children in Care of Local Authority</p>   |             |
| D   | <p>Children of members of staff who have been employed at St Paul's for at least two years when the application is made.</p>   |             |
| E   | <p>Members of other Christian Churches whose parents seek a specifically Christian element in their secondary education 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.</p> <p><b>*If you tick this category please attach a letter of support from the vicar or minister of the church you attend.</b></p> |             |
| F   | <p>Other Catholic children not know to their Parish Priest whose application is supported by a copy of their baptismal certificate.</p> <p><b>*If you tick this category please attach a copy of your child's baptismal certificate.</b></p>   |             |
| G   | <p>Any other child</p>   |             |

**\*Supporting documentation must accompany the application form. The admission process cannot commence until we receive the documentation requested.**

**IMPORTANT** – If you are seeking to transfer to St Paul’s from another school within Milton Keynes area the head teacher 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.

|   |                            |  |                    |  |
|---|----------------------------|--|--------------------|--|
| <b>Does the child have any special needs?</b><br>Please tick  | SEN Support                |  | SEN EHCP/Statement |  |
|   | Currently Under Assessment |  |                    |  |
| <b>Does the child have any fixed term exclusions?</b> If yes, please provide details  | Alternative Ed             |  | Managed Move       |  |
|   |                            |  |                    |  |
| <b>Are there any attendance related issues?</b><br>Please give % attendance and number of unauthorised absences in the last twelve months                 |                            |  | %                  |  |
| <b>Has there been any external agency involvement?</b><br>Case worker name if applicable<br>.....   | CAMHS                      |  | CSC                |  |
|   | CFP                        |  | Ed Psych           |  |
|   | Young carers               |  | Other              |  |
| <b>Have there been any Safeguarding issues?</b>   | YES/NO                     | If YES please provide details addressed to Mr G Roach, Safeguarding Officer. |                    |  |
| <b>Has the parent discussed the transfer request with you?</b> Are there any reasons why you feel the change of school would be detrimental to the child? |                            |  |                    |  |
| <b>Any other information regarding the student which may be relevant when processing this application</b> (including any behaviour concerns).             |                            |  |                    |  |
| <b>Name</b>   |                            | <b>School Stamp</b>  |                    |  |
| <b>Position</b>   |                            |  |                    |  |
| <b>Signed</b>   |                            |  |                    |  |
| <b>Date</b>   |                            |  |                    |  |

**Please return completed form to:**

Admissions  
 St Paul’s Catholic School  
 Phoenix Drive  
 Leadenhall  
 Milton Keynes  
 MK6 5EN