



**ST MARGARET CLITHEROW PRIMARY & NURSERY
CATHOLIC VOLUNTARY ACADEMY**

Mildenhall Crescent, Bestwood Park, Nottingham NG5 5RS
Tel: 0115 9150296 / email: admin@st-margaretclitherow.nottingham.sch.uk



ADMISSION REQUEST FORM

Please complete all sections in Block Capitals

(* Please delete as appropriate)

CHILD'S NAME:	Forename: Surname: Male <input type="checkbox"/> / Female <input type="checkbox"/>
DATE OF BIRTH: Please provide copy of birth certificate <input type="checkbox"/>
ADDRESS: Post Code:
Parent(s)/Carer(s): 1. Mr / Mrs / Miss / Ms* Status: *Married/Divorced/Separated/Single *Catholic / Non Catholic Relationship to Child (Mother/Father etc): Home Tel No: Mobile: Email address: 2. Mr / Mrs / Miss / Ms* Status: *Married/Divorced/Separated/Single *Catholic / Non Catholic Relationship to Child (Mother/Father etc):	
CHILD'S RELIGION Please provide copy of baptismal certificate <input type="checkbox"/>	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other.....(Details) Church of Worship
Child's position in the family (e.g. 1st of 3, etc.)	1 st 2 nd 3 rd etc: Please name brothers/sisters already attending school: (if applicable)
MEDICAL CONDITIONS (e.g. Allergies, Special Needs, etc.)
Please tell us of any special circumstances that you feel we ought to know about your child.
PREVIOUS SCHOOL / NURSERY (if applicable)	SCHOOL: ADDRESS: Tel No:

PLEASE COMPLETE & SIGN REVERSE SIDE OF FORM

ADMISSION CRITERIA

The Governors have decided that the following criteria should be used to determine which pupils should be admitted to the school:-

1. Places at the school will first be given to Catholic children who reside in the catchment area.
2. Thereafter, consideration will be given to Catholic children who live outside the catchment area, places permitting.
3. Thereafter, consideration will be given to non-Catholic children of genuinely Christian parents of other denominations, should places be available.

NOTE A child who has a brother or sister in the school at the time of admission shall have preference in the category in which he/she falls.

If your child is not baptised Catholic please send a letter stating why you would like a place at our school.

N.B. THIS FORM IS ONLY A REQUEST FOR ADMISSION at St Margaret Clitherow Catholic Primary & Nursery Catholic Voluntary Academy and must not be construed in any way as constituting a firm offer of a place therein. Applicants will be contacted before the date of admission and informed of the offer of a place or not.

I would like to apply for a place for my / our child in:

FOUNDATION 1 - 15 hour placement ☐ / **FOUNDATION 1** - 30 hour placement ☐

(See attached information on Free childcare) Places will depend on capacity in the school

MAIN SCHOOL ONLY ☐ **(This includes Foundation 2 and Years 1 – 6)**

Signature of Parent/Guardian:

Date:

ALL INFORMATION ON THIS APPLICATION FORM WILL BE TREATED AS CONFIDENTIAL

Information on this form may be stored on computer and made available to class teachers, schools to which children may transfer, health visitors and the Local Authority. Any parent has the right to inspect the information relating to their child and may write to request to see the information.