



St. Wilfrid's RC Primary School

INFORMATION REQUIRED BEFORE ENTRY INTO ST. WILFRID'S RC PRIMARY SCHOOL

Child's surname _____ Christian names _____

Date of Birth _____ Parents' name(s) _____

Address _____

_____ Post Code _____

Home number _____

Mobile number _____

E-mail _____

Correspondence to be sent to: (please tick box) Mr. Mrs. Both Ms.

Religion _____ Date and place of baptism _____
(Please provide proof of baptism)

Name & Address of Minister of Religion who can support your application

(If you are not of the Catholic faith, please include a letter addressed to the Chair of Governors giving your reasons for requesting a place for your child at this Voluntary Aided Roman Catholic School)

Church attended _____

Signed _____ Date _____