



APPLICATION FORM BEFORE ENTRY

Child's surname _____ First names _____

Date of Birth _____ Parents' name (s) _____

Address _____

Post Code _____ Tel. No home. _____

Mobile number _____

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 _____

Name, address and tel. number of last school /nursery _____

Siblings currently attending St Wilfrid's _____

I give my permission for the school to process this information.

Signed _____

Date _____

Learning Together Through Christ

Headteacher: Miss H Keith

St Wilfrid's Catholic Primary School, Monkgate, York, YO31 7PB

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