



APPLICATION FORM
Nursery class

Child's Surname

Child's First Name.....

Date of Birth Male Female

Mother's NameReligion.....

Father's Name Religion.....

Address

.....

Home Tel number Email:.....

Mother's Mobile:..... Father's Mobile:.....

Church of Baptism Date of Baptism.....

Names of brothers or sisters attending **Corpus Christi School**

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Would you prefer a morning or afternoon session.....
(There is no guarantee we will be able to accommodate your preference)

Name of church usually attended by family

Any further information, relevant to the admissions criteria:

Parents signature **Date**

The closing date for receipt of this form is **15th December 2015**. Please ensure that the following are attached

Birth Certificate Proof of address Baptismal Certificate

Priests'/Religious Practice reference form.

The school will send you a priests/religious practice reference form, by post, soon after the closing date above. This should be completed by a Catholic priest or minister of religion and returned to the school on the date shown on the form.

Date Rec:	Rec By:	Criteria:	Date Input:	Input By:
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