St. Bede's Catholic College

Specialist Science and Sports College

Long Cross, Lawrence Weston, Bristol, BS11 OSU

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Principal: Mr J. G. Maher, M.A.



FOR COLLEGE USE	BC:	BP:	CT:	PART:	SIB:	C1	:	C2:	Rec'd:		PR:		
		I	N Y	EAR	APPI	LICA	TIO	N F	ORM	2020	/21		
SECTION 1: Ch	nild's De	tails											
Surname:									Date of B	Birth:			
Forenames:													
Address:													
Postcode:													
SECTION 2: PC Details of one or tw Title: Forename:	-	carers c					Re	lation	ship to chi	ld:			
Address (if diffe	erent to ch	nild):											
Email:													
Telephone Nu	mber:												
SECTION 3: Catholic Child Criteria 7.1, 7.2, 7.3, 7.4 or Catholic Parent criteria 7.10 Catholic Applicants only to complete this section													√
Please tick if you are enclosing a copy of your child's Baptism Certificate (the original should be available for inspection, if required)													
Please tick if y	Please tick if you are enclosing a copy of a parental Baptism Certificate if the application is to												

be considered under 7.10 (the original should be available for inspection if required)

SECTION 4: Current or most recent school

Current School										School Address																		
SECTION 5: Please give names of brothers/sisters living in the same household who are already attending St. Bede's. To be completed for sibling applicants only															∋'s.													
Name																				Tutor Group								
SECTION 6: Parent/Carer signature(s) - To be completed by at least one parent/carer The following person(s) has parental responsibility:																												
Print Name(s):																												
Signature(s): _																												
Date:																												

If you wish to receive acknowledgement of this form please enclose a stamped addressed envelope.