St. Bede's Catholic College

Specialist Science and Sports College
Long Cross, Lawrence Weston, Bristol, BS11 0SU

T: 0117 377 2200 **E:** contact@stbcc.org **W:** www.stbedescc.org

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

FOR COLLEGE USE	BC:	BP:	CT:	PART:	SIB:	C1:	C2:	Rec'd:	PR:

IN YEAR APPLICATION FORM

SECTION 1: Child's Details

Surname: **Date of Birth:**

Forenames:

Address:

Postcode:

SECTION 2: Parent/Carer Details

Details of one or two parents/carers can be supplied.

Title: **Surname:**

Forename: **Relationship to child:** _____

Address (if different to child):

Email:

Telephone Number:

SECTION 3: Catholic Child Criteria 7.1, 7.2, 7.3, 7.4 or Catholic Parent criteria 7.9
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 you are enclosing a copy of a parental Baptism Certificate if the application is to be considered under 7.9 (the original should be available for inspection if required)	

Please complete reverse of form

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

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.