

St. Bede's Catholic College

Long Cross, Lawrence Weston, Bristol, BS11 0SU. Telephone Number: 0117 3772200 Fax Number: 0117 3772201

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Principal: Ms C Hughes, B.Ed.

IN-YEAR APPLICATION FORM

SECTION 1: CHILD'S DETAILS:

Surname: _____ Date of Birth: _____

Forenames: _____

Address: _____

_____ Post Code: _____

SECTION 2: PARENT/CARER DETAILS:

Details of one or two parents/carers can be supplied. This information will be used to return Baptismal and/or Communion certificates and to confirm receipt of Supplementary Form, if requested.

Surname: _____

Forenames: _____

Title: _____

Relationship: _____

Email: _____ Home Telephone Number: _____

Address (if different to child): _____

SECTION 3: CATHOLIC CHILDREN: Criteria 7.2, 7.3, 7.4

	Date	Place - Church and Parish
Baptism of Applicant		
First Holy Communion of Applicant		

SECTION 3: TO BE COMPLETED BY ROMAN CATHOLIC APPLICANTS ONLY

PLEASE SUBMIT A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE AND EVIDENCE OF FIRST HOLY COMMUNION WITH THIS FORM (*the originals should be available for inspection, if required*)

FOR THOSE WISHING FOR THE CHILDS APPLICATION TO BE CONSIDERED UNDER 7.9, PLEASE PROVIDE EVIDENCE OF THE BAPTISM OF THE PARENT.

SECTION 4: SCHOOL HISTORY— TO BE COMPLETED BY ALL APPLICANTS requesting a place under oversubscription criteria 7.2

School Name	School Address

SECTION 5: TO BE COMPLETED FOR SIBLING APPLICANTS ONLY

Please give names of brothers/sisters already attending St. Bede's Catholic College.

Name	Tutor Group

SECTION 6: TO BE COMPLETED BY APPLICANTS WHO ARE NOT ROMAN CATHOLIC Criteria 7.8

Child's Religion: _____

Please provide evidence that the child is a member of a Christian Church

SECTION 7: PARENT/CARER SIGNATURE(S) - TO BE COMPLETED BY AT LEAST ONE PARENT/CARER

The following person(s) has/have parental responsibility:

Parent(s)/Carer(s)

Print Name(s): _____

Signature: _____

Date: _____

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