St. Bede's Catholic College

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

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Principal: Mr R. J. King MEd



FOR COLLEGE USE	BC:	BP:	CT:	PART:	SIB:	C1:	C2:	Rec'd:	PR:
		II	N YE	AR A	APPLIC	ATIO	N FO	RM 2021/	22
SECTION 1: Child's Details									
Surname:							D	ate of Birth:	
Forenames:									
Address:									
Postcode:									
SECTION 2: Parent/Carer Details Details of one or two parents/carers can be supplied.									
Title:			Surnan	ne:					
Forename: Relationship to child:									
Address (if diffe	erent to ch	ild):							
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)									ould be
Please tick if you are enclosing a copy of a parental Baptism Certificate if the application is to									n is to

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

SECTION 4: Current or most recent school

Date:

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):											
Tilli Nulle(3).											
Signature(s):											

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