

ST. JOSEPH'S R C PRIMARY SCHOOL
Dorset Road, Christchurch, BH23 3DA

APPLICATION FORM FOR CHILD TRANSFERRING FROM ANOTHER SCHOOL

(Please complete in block capitals (except signatures) in black/blue ink)

Date place required: _____

1. Child's name: Forename(s) _____ Surname _____
2. Child's date of birth _____ Boy Girl
3. Name of current/previous school(s) _____
4. Please indicate if your child has a Statement of Special Education Needs or Education, Health and Care Plan *(See footnote1) YES NO
5. Does your child have a physical/medical disability which may require special access arrangements to school *(See footnote 1) YES NO
6. Parents'/Guardians' names: (to whom correspondence should be addressed)
Forename: _____ Surname: _____
Forename: _____ Surname: _____
Relationship to child: _____
(Mother/Father/Guardian etc)
7. Home address: _____
(See Footnote 2) _____ Post Code: _____
8. Telephone No(s): Home: _____ Work: _____
Mobile: _____ Daytime: _____
9. Brothers/sisters (with ages) _____
10. Religious denomination of child for whom application is made: _____
11. Please note a Baptism/Christening Certificate must be provided where applicable.

*Footnote 1: This question is asked because the administrative teams responsible for School Admissions and Special Educational Needs must liaise about your child's educational arrangements. Your child will not suffer disadvantage if you tick the "Yes" box.

*Footnote 2: The address you give must be where the child lives. If you move after you have completed this form, or before your child is admitted to school, you must tell us. Proof of your move will be required. Checks are made of family addresses, and if it is established that an offer of a school place has been made on the basis of incorrect or misleading information about a child's address, the School has the right to withdraw the place offered.

Answer question 12 only if child is unbaptised and one or both parents are baptised Catholic(s): (see schools admission policy):

12. Which parent is baptised Catholic? Mother Father Both

NB. For parents in this category, proof of the parents' baptism will be requested to be shown with this application.

I state that to the best of my knowledge and belief, the information I have given is correct and complete and I will advise St. Joseph's Catholic Primary School in writing of any changes to the information on this form. I understand that the provision of incorrect information could lead to the withdrawal of an offer of a school place.

Parent/Guardian's signature(s): _____ Date: _____

Data Protection Act 1998

Dorset County Council is a Data Controller for the purposes of the Data Protection Act 1998. This act regulates how we obtain and use information about individuals. The information you supply is being collected for the purpose of providing an education service but may be used for wider purposes. When you sign this document you are consenting to that use. The information may be shared with other internal directorates of the County Council, those with parental responsibility, education establishments, other LEAs, the Department of Education & Skills, diocesan bodies and any other appeal panel that is convened with respect to your application. Should you have any queries about the Data Protection Act 1998, please contact the Council's Data Protection Officer on 01305 225191. More detailed information about Data Protection is also available on their website at www.dorsetcc.gov.uk.

FOR SCHOOL USE ONLY

Date form received: _____ Acknowledged: _____

Baptism Certificate seen

Witnessed by: _____

For Catholic parent(s) of unbaptised child proof of parents Baptism Certificate(s) seen

Witnessed by: _____