



The Federation of St Bede's & St Bernadette Catholic Schools

St Bede's Catholic Infant & Nursery School
Headteacher: Ewa Ostrynska
Telephone: 0208 674 7292
Email: office@st-bedes.lambeth.sch.uk
Website: www.st-bedes.lambeth.sch.uk

St Bernadette Catholic Junior School
Headteacher: Ewa Ostrynska
Telephone: 0208 673 2061
Email: office@stbernadette.co.uk
Website: <http://www.stbernadette.co.uk>

SECTION 1 <u>CHILD'S</u> DETAILS PLEASE USE CAPITAL LETTERS Tick	GIRL <input type="checkbox"/>	BOY <input type="checkbox"/>
Surname First Name Date of Birth		
Country of Birth.....Nationality.....		
Home Address Post Code		
Does your child have a Statement of Special Educational Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child in public care/looked after by a Local Authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, by which Local Authority		

SECTION 2 CONTACT DETAILS FOR <u>PARENT OR CARER</u> PLEASE USE CAPITAL LETTERS		
Mr/Mrs/Miss/Ms Surname: First Name		
Address Post Code		
(if different from Section 1)		
Do you have parental responsibility for this child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact Telephone Number. Home (Mother/Father/Carer) Work		
Mobile Telephone Number E-Mail Address		
Relationship to Pupil		

Date of Birth: Date of Baptism:
Church of Baptism:
Previous School: Tel No:

PRIEST'S REFERENCE

Religion Name of Church you currently attend

THE APPLICANT ATTENDS Holy Mass weekly/monthly/occasionally at this Church*

Signed

Parish

*Delete as applicable

Notes for Parents/Guardians

This form must be completed in full and returned to the school with a copy of your child's baptismal certificate.

Date

Signed

For office use:

Date application received: Child eligible to start

Accompanying forms: Birth certificate:

Other Priest's reference:

Place offered: Appeal: Date