## Regina Coeli Catholic Primary School 173 Pampisford Road, South Croydon, CR2 6DF | Tel: 020 8688 4582 | www.reginacoelischool.co.uk Executive Head Teacher: Mr M Jones



**Head Teacher:** Mrs T Christoforou **Deputy Head Teachers:** Mrs C Guilmartin-Cole, Mrs M Spain

## **Admissions Administration Form**

Pupil informati	on - all applic	ants					
Child's Surname:			Child's For	ename:			
Child's DOB:			Girl:		Boy:		
Address of Child:						,	
Application for Academic Year:		Application for Year Group:					
Previous Settings attended:			1	·	1		
Names of siblings on roll:							
Parent and Car	er informatio	n - all applicants					
Name 1:		·	Name 2:				
Relationship to Child:			Relationship to Child:				
Parental responsibility:			Parental responsibility:				
Telephone:			Telephone:				
Email:			Email:				
Address:			Address:				
	-			•			
PART 1: Cathol	ic Applicants	only					
The above named child is a Baptised Catholic or has been received into the Catholic Church:			Yes:		No:		
Date		Church of Baptism / Reception:					
Reception: Please list the evidence		<u> </u>	i i i	ception.			
attached:							
Baptismal Certificate							
Certificate of Reception							
Parent or Carer Name:							
Signed:			Date				

PART 2: Applicants of other denominations, faiths and those of no faith											
Child's	denom	ination or fait	ո։								
The above named child is a member of / has been baptised or received by the faith:			Voc:			No:					
Date of Christening	/		Place of Chris	tening /		I					
Dedication	-		Ded	ication:							
Please list the evidence											
attached	-										
Baptismal Certificat Certificate of Receptio	l l										
Certificate of Reception	'										
Parent or Carer Name	:			, ,							
Signed	<b>:</b>			Date:							
PART 3: Additional Inform	ation -	- all applicants									
Where necessary, please use the space below to record any additional information you may want the admissions panel to be aware of when considering your child's application. If you are attaching additional supporting evidence, please list this here.											
How will we use your informat	ion? Our	Pupil Privacy Not	ice and Parent & Carer Pr	ivacy Notic	e can be	viewed by	clicking	the			
links. Alternatively, please navi											
School Office Use, Only											
Date Birth Certificate			Date Faith Cer	tificate							
Confirmed:			Con	firmed:							
Darrant Name from			Darrant Nam								
Parent Name from Birth Certificate:			-	Parent Name from Birth Certificate:							
bil til Cel tillcate.			bii dii Cert	Dir til Certificate:							
Parental Responsibility	VEC. NO.		Home	Home Address			NO:				
Matched to Birth Cert.:	YES:	NO:	Cor	Confirmed:			NO:				
Notes:											
Confirmed by:					T						
Signed				Date:							