

**CHARLES WILLIAMS CHURCH IN WALES PRIMARY SCHOOL
SCHOOL ADMISSION FORM**



Full name of Child _____

Date of Birth _____

Gender _____

Address _____

Post Code _____

Home Telephone _____

E mail address (in BLOCK capitals) This will be used to send all correspondence regarding the application

Nationality _____ Religion _____

Languages spoken at home _____

Name Parent/ Guardian _____

Names and Date of Birth of siblings attending Charles Williams Church in Wales Primary School (if applicable)

Name of any previous school/nursery/playgroup attended _____

IS YOUR CHILD A LOOKED AFTER CHILD (CHILD IN CARE)? Yes/No

Detail any over-riding religious/social/medical reasons for admission. If you would like us to consider your application on faith, a written reference, with contact details, **must** be provided by your minister.

Name of Pupil's Doctor _____

Address of Doctor's Surgery _____

Known medical conditions _____

List any additional learning or special needs (this will not affect allocation of places).

OVERSUBSCRIPTION CRITERIA

If there are more applications than places available the Governing Body will apply the following oversubscription criteria:

1. Looked-after children (children in public care) and previously looked-after children;
2. Pupils living within the catchment area and making an application on medical grounds
3. Pupils living within the catchment area with relevant siblings).
4. Pupils living within the catchment area
5. Pupils living outside of the catchment area and making an application on medical grounds;
6. Pupils living outside of the catchment area with relevant siblings;
7. Pupils living outside of the catchment area.

After considering the above categories, or if the number of applications in any one of the above categories exceeds the indicated admission number, priority will be based on those residing closest to the school.

As Charles Williams Church in Wales Primary School is a voluntary aided school within each category however, the following priority is afforded:

Children and / or parent(s) who are practicing members of the founding religious body of the school (Church in Wales);

Children and / or parent(s) who are practicing members of other Christian churches or religious denominations;

Children and / or parent(s) who are practicing members of other faiths.

CONTACT DETAILS

PLEASE GIVE DETAILS OF TWO PEOPLE WHO CAN BE CONTACTED IN THE CASE OF AN EMERGENCY.

Contact 1 Name _____ Tel No _____

Relationship to pupil _____

Contact 2 Name _____ Tel No _____

Relationship to pupil _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____