Admission Application Form - Reception Class September 2024

St David's RC Primary School Park Crescent Newport NP20 3AQ	St Gabriel's RC Primary School Ringland Circle Newport NP19 9PQ	St Joseph's RC Primary School Fairoak Av. Newport NP19 8FW	St Mary's RC Primary School Queens Hill Newport NP20 5HJ	St Michael's RC Primary School Baldwin Close Newport NP20 2LW	St Patrick's RC Primary School Fairfax Rd Newport NP19 0HR
01633 816027	01633 273937	01633 258801	01633 840490	01633 262078	01633 272488

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Section A:						
I wish to apply for	or a place for my child a	at the following Nev	vport Roman Catholic	c Primary school(s)	:	
1st preference	Click here to enter te	ext.				
2nd preference	Click here to enter to	ext.				
3rd preference	Click here to enter to	ext.				
	serve as your formal a e RC Primary School.					
	re available at your cl lic schools which may			ation will be cons	idered by all other	
Are you also applying for a place at any other Primary school in Newport?				Yes □ /	No □	
Name(s) of LAs	school(s) Click here to	enter text.				
provide on this health and wel	at for the purpose of p application form may fare of school children am and Newport's oth	be shared with on, other local adm	ther agencies that a ission authorities, s	are directly involv	ed in the education,	
	Newport Community o				separately using the	
Newport City Co Section B:	ouncil process. See their	website: www.new	<u>port.gov.uk/schoola</u>	<u>dmissions</u>		
	gal name: Click here to	enter text.				
2. Child's full ch	osen name (if different f	from above): Click	here to enter text.			
3. Child's date o	of birth: Click here to en	nter text. (Please	supply copy of birth o	certificate) Mal	e □ / Female □ ?	
4. Child's home	L. Child's home address: Click here to enter text. Postcode: Click here to enter text.					
5. Is your child b	paptised in the Roman C	atholic faith? Yes	s □ / No □ (if yes yo	ou must provide a d	copy of the Baptisma	
6. Is your child	of another Christian faith copy of a Baptismal Ce				re to enter text. and	
-	of another faith tradition of support from your fait		f yes please state wh	nich faith Click he	re to enter text. and	
Section C:						
1. Full name of	parent / guardian: Click	there to enter tex	t.			
2. Relationship	to child: Click here to e	enter text.				
3. Parent/guard	ian address (if different	from above): Click	k here to enter text.			
Postcode: Click	k here to enter text.					

Home Tel. Number: Click here to enter text. Mobile Tel. Number: Click here to enter text.

Email address: Click here to enter text.

4.Is your child in the care of a Local Authority? Yes \square / No \square If yes, which local authority? Click here to enter text.

Social Worker's full name Click here to enter text. Signature*: Click here to enter text.

- * As the Social Worker for the above named child, I confirm that after consideration, the first preference school named in Section A is the most appropriate to meet the needs of this child.
- 5. Previously in the care of a LA? Yes \square / No \square If yes, which local authority? Click here to enter text.

Section D:						
1. Nursery child is currently attending: Click here to enter text.						
2. Does your child currently have a statement of Special Educational Needs which lists a na	2. Does your child currently have a statement of Special Educational Needs which lists a named school? Yes □ / No □					
If Yes, which school? Click here to enter text.						
Section E:						
Is this a child of UK Service Personnel or other Crown Servant, including diplomat?	∕es □ / No □					
Is this a child of multiple birth, such as twin or triplet?	∕es □ / No □					
Please provide details of any special medical circumstances relating to your child's attennamed schools:	ndance at any of the above					
Click here to enter text. Section F:						
Please list any brothers or sisters already attending any of the above schools who will still be 2024:	e at the school in September					
Click here to enter text.						
Section G: Supporting evidence:						
□ I attach a copy of my Council Tax record or other proof of residency						
☐ I attach a copy of my child's birth certificate or other proof of date of birth						
□ I attach a copy of my child's baptismal certificate or a letter of support from a faith leader, where appropriate.						
If your child is Roman Catholic you must provide a copy of the Baptismal Certificate.						
DATA PROTECTION ACT: Each Newport RC Primary School is registered under the Data Protection Act 2018, allowing the School to hold and process personal data. Such information will only be used for the purpose for which it was provided and as allowed by the Act. For the purpose of processing applications for school places in Newport the information you provide on this application formation be shared with other agencies that are directly involved in the education, health and welfare of school children, including other local admission authorities. For more information on how we use the data you provide to us, please see the individual schools private notices which can be access via their website.						
Section H:						
DECLARATION: I declare that I am the above named child's parent/legal gresponsibility for the child, and that the information I have provided is accurate and c knowledge. I understand that my application will be processed in accordance with Policies and therefore there is no guarantee of admission to any school.	complete, to the best of my					
Please note that it is not the responsibility of each School's Governors Admissions Common responsibility, however it may be necessary to request evidence of such in certain circums fraudulent claims will be investigated and places may be withdrawn if applicants have information in order to obtain the advantage of a particular school, to which they would not	cumstances. Allegations of e knowingly provided false					
Please ensure that this completed application form is submitted to your highest preference RC Primary school by 5.0 pm on the closing date, 9th January 2024. The Schools' Admission Sub-Committees will meet to allocate places and ensure that a decision is issued to you on 16th April 2024 (This is the same date Newport Local Authority will issue the decisions):						
Signed: Click here to enter text. PRINT Full name: Click here to enter text.						
Relationship to child: Click here to enter text. Date: Click here to enter text.						

Schools Use only: Date application received: