

ST GABRIEL'S CATHOLIC PRIMARY SCHOOL

INITIAL EXPRESSION OF INTEREST



Legal Surname \_\_\_\_\_

Forename \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male or Female \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email address: \_\_\_\_\_

Parents/carers\* \_\_\_\_\_

Present Pre-school or Nursery \_\_\_\_\_

Date and Place of Baptism \_\_\_\_\_

Denomination \_\_\_\_\_

Please note that a copy of the Baptismal Certificate is required.

Father Catholic? \_\_\_\_\_

Mother Catholic? \_\_\_\_\_

Name and telephone No. of GP \_\_\_\_\_

Date of Application \_\_\_\_\_

for Admission starting September 20\_\_\_\_\_

Any medical conditions or allergies \_\_\_\_\_

\_\_\_\_\_

**Please note that this is not a formal application form; you will need to apply through Staffordshire County Council's admission routine in the autumn term before your child starts school. Details available from the school office or the school website**

[www.st-gabriels.staffs.sch.uk](http://www.st-gabriels.staffs.sch.uk)

\*A parent includes a child's natural parents, as well as anyone else who has care for the child or who has parental responsibility for the child.