

SAINT PADARN'S RC. PRIMARY SCHOOL



YSGOL GYNRADD GATHOLIG PADARN SANT

APPLICATION FORM

Date of application 20.....

Surname of Pupil

Christian Name(s)

Child's Date of Birth

Names of Parents / Guardians Names

Address

Postcode

Tel.No.

Mobile No.

Denomination (e.g. Catholic, Anglican)

Name / Address / Telephone No. of Nursery attended or previous school:

Birth and baptismal documentation must be produced to support this application

This box should be ticked to indicate that documentation has been seen.

Signature(s) of Parent(s) or Guardian(s)

Date application received (school use only).....