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| **SAINT PADARN’S R.C. PRIMARY SCHOOL**  **YSGOL GYNRADD GATHOLIC PADARN SANT**  Llanbadarn Road, Aberystwyth, Ceredigion, SY23 1EZ  Tel: (01970) 630 632  APPLICATION FOR ADMISSION  Please return completed forms to:  [prif@st-padarnsrcp.ceredigion.sch.uk](mailto:prif@st-padarnsrcp.ceredigion.sch.uk) |  |

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| **Date of Application:** |  |

**PUPIL DETAILS**

|  |  |
| --- | --- |
| **Forename:** |  |
| **Middle Name:** |  |
| **Surname:** |  |
| **Date of Birth:** |  |
| **Religious Denomination:** |  |
| **Name and contact number of previous school or nursery** |  |

**PARENT/GUARDIAN DETAILS:**

|  |  |
| --- | --- |
| **Title:** |  |
| **Forename:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Preferred contact telephone:** |  |
| **Email:** |  |
| **Are you willing to receive all further**  **correspondence via email? (Y/N)** |  |

**BIRTH AND BAPTISMAL DOCUMENTATION MUST BE PRODUCED TO SUPPORT THIS APPLICATION**

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