



SCHOOL APPLICATION FORM

Name of Child

Surname: First name(s):

Date of Birth:/...../.....

Home Address

Address:

Town:

Postcode:

Parents/Guardians:

1) Name.....Email

Tel No (Mobile)(Home)

2) Name.....Email

Tel No (Mobile) (Home)

National Insurance Number of lead parent applying:

(Trafford Council request this information on all applications to school)

NI No:Parent DOB:

Church of Baptism:

..... Date of Baptism:

(Please attach a copy of the baptism certificate)

Siblings (Names of any children who will be at this school at the time of the proposed admission)

1: 2.

3: 4: