

**Bellerive FCJ Catholic College**

**Application Form for Admission**

**September 2025**

**Details of the child for whom the application is being made:**

|  |  |
| --- | --- |
| **Child’s Surname:** |  |
| **Child’s Christian Name(s):** |  |
| **Child’s Date of Birth:** |  |
| **Child’s Full Address & Post Code:** |  |
| **Telephone & Mobile Numbers:** |  |
| **Email Address:** |  |
| **Parish in which the Child lives (Applications** **from all** **Catholic parishes are welcome):** |  |
| **Present Primary (or Secondary) School:** |  |
| **Religion of Child: (The word Christian will not be recognised. It is necessary to specify which** **Christian denomination, ie: Roman Catholic, Methodist, Church of England, etc.)** |  |
| **Church where Child was Baptised:** |  |
| **Date of Baptism:** |  |
| **Church where Child made Holy Communion:** |  |
| **Date of Holy Communion:** |  |
| **Name of Church (or other place of Worship)****normally attended by the Child:** |  |
| **THE BAPTISMAL CERTIFICATE SHOULD BE SENT WITH THIS APPLICATION FORM****(Sight of the original will be required)** |
| **I/We have read the School Prospectus and I/We agree to abide by the conditions and School Rules set out therein.****Name(s) of person(s) making this Application (parents/carers)*:*****Applicant 1. ……………………………………………………... ……………………………………………………...**(Print Name) (Signature)**Applicant 2. ……………………………………………………... ……………………………………………………...**(Print Name)(Signature)**Date: ……………………………………………………... ……………………………………………………...** |
| **CLOSING DATE – 31st October 2024** |

**Please write anything which you feel would support your application on the reverse of this sheet, giving as much information as possible.**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Bellerive FCJ Catholic College**

**Admission for September 2025**

**Supporting Statement**

