

**Bellerive FCJ Catholic College**

**Application Form for Admission**

**September 2024**

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

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| **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 *:***  **Applicant 1. ……………………………………………………... ……………………………………………………...**  (Print Name) (Signature)  **Applicant 2. ……………………………………………………... ……………………………………………………...**  (Print Name)(Signature)  **Date: ……………………………………………………... ……………………………………………………...** | |
| **CLOSING DATE – 31st October 2023** | |

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

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**Admission for September 2024**

**Supporting Statement**

