

APPLICATION FOR ADMISSION

2025/26

Application for places at St Gabriel's Church of England Primary School may be made at anytime. School places will be allocated by the Governing Body in conjunction with the Local Authority admission arrangements.

No place can be reserved.

Please refer to guidance notes on page 6 before completing this form

This application form should be completed with reference to the Admissions Policy for 2023/24 and to the Guidelines on page 6

Part 1: to be completed in block capitals by the Parent/Guardian

(a)	Surname of Child:								
	Christian names:								
	Child's Name at Birth if different from above:								
	Any other Name changes:								
	Date of Birth Male Female								
	Parent/Guardian's full name:								
	Address: (please use the address where the child wakes up most mornings)								
(Plea	Postcode ase provide a copy of current Council Tax Bill or Rental Agreement as evidence of address)								
	Contact telephone numbers (home)(work)								
	Mobile telephone number (if preferred)								
	Are there any Court Orders currently in force which relate to the child under 'The Children's Act 1989': Yes No (please tick as appropriate)								
To be	completed by new reception applicants only								
Child	d's current Nursery:								
To be	completed for In-Year transfers only								
Child	Child's current School: Year Group:								
Rea	son for Leaving current school:								

Part 2: APPLICATION CAN ONLY BE MADE UNDER ONE CATEGORY

(Please indicate the Category you are applying under by ticking the relevant box:

In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for public worship.

CATEGORY A					
Child in Public Care		see note l	(Please provi	de evidence)	
Service Personnel/ Crown Servant		see note J	(Please prov	ide evidence)	
Sibling		see note K	Name of S	Sibling:	
	OR		Current Y	ear Group:	
CATEGORY B		Church Al	location Rout	te (Please Complete Par	rt 3& Part 4) see note L
	OR				
CATEGORY C		Parental I	Preference (see note M)	
Part 3:					
For application to C	ategoi	y B only:			
Name of church you	attend_				
				nister	
Which service do you	u attend	d?			
How often do you at answer)	ttend c	hurch/for ho	ow long have	e you attended this ch	nurch? (please tick your
		Years Attendance			
Frequency		Less Th	nan 1Year	Less Than 2 Years	2 or More Years
Weekly/Fortnightly					
Monthly					
Occasionally					

Part 4: to be completed by the family's Minister (for application under category 'B' only)							
For Reception Class this will be during the year before the child hopes to start school.							
How long have you known this family?							
How long has the family attended this Church?							
This family attends Church as follows: (please tick as appropriate)							
		Years Attendance					
Frequency	Less Than 1Year	Less Than 2 Years	2 or More Years				
Weekly/Fortnightly	Less man rical	Less man 2 rears	2 of More rears				
Monthly							
Occasionally							
Can you confirm the answers in Part 3? Yes/No							
If no, please state reasons:							
Signed:		Date:					
If you have attended this Church for less than two years your previous Minister will need to complete the following:-							
How long have you known the family?:							
How long has the family attended this Church?							
This family attends the Church as follows (please tick as appropriate)							
	Years Attendance						
Frequency	Less Than 2 Years	2 or More Years					
Weekly/Fortnightly							
Monthly							
Occasionally							
Can you confirm the answers in Part 3? Yes/No							
If no, please state reasons:							

Signed:	Date:
Signed:	Parent/Guardian
Date:	