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****St. Ethelbert’s Catholic Primary School and Nursery**

*“Learning, achieving and growing together with Jesus”*

Diocese of Northampton

Wexham Road, Slough, Berkshire SL2 5QR Telephone: 01753 522048 post@stethelberts.slough.sch.uk

**Headteacher: Mrs F. Maynard**

 **INTIAL APPLICATION FORM FOR RECEPTION TO YEAR 6**

**Please note for a Reception place you must also register your child with the local authority by completing a CAF form. Failure to do so will risk your child’s school place in Reception.**

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| **Details of Student:** |
| Legal first name: | Legal Surname: | Middle name: |
| Preferred Surname:*(if different from above)* | Preferred First Name:*(if different from above)* |
| Date of Birth: | Gender: Male / Female |
| Religion: |
|  |
| **Address and Contact Details:** |
| House Number / Name | Street: |
| Town: | County: | Postcode: |
| Mum’s Mobile Number: | Dad’s Mobile number: |
| Email Address:E-mail: |
| Parent/(s) with parental responsibility: |

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| **Siblings (brothers/sisters) already at St. Ethelbert’s School:** |
| **Name of Sibling** | **Class and Year Group** |
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| **Previous Schools:** |
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| **Recent Arrivals:**  |
| 1. Date of Arrival in the U.K. : | Nationality: |
| 2. Country of Origin : |

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| **Languages spoken:** |
| First Language: | Is English an additional Language for your child:Yes / No |

***For office use only***

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| *Date application received:* |  |
| *Birth certificate seen and copied::* |  |
| *Evidence of religion seen and copied:* |  |
| *Proof of Address seen and copied:* |  |