



# St Augustine of Canterbury Catholic Primary School

## Casual In-Year Admission form

You must also complete a Supplementary Information Form

Child's Surname:		Child's Forename:	
Child's date of birth:	Male*	Female*	Year Group:
Is this child in public care, or previously in public care?	YES*		NO*
If yes, please state the name of the council or provide a copy of the adoption order:	Name of Social Worker: Social Worker's phone no:		
Does your child have a statement of Special Educational Needs or EHCP?	YES*		NO*
Do you consider your child to have Special Education Needs or Disability (SEND) ?	YES* If yes please give a brief description:		NO*
Parent/carer Surname:	Parent/carer Forename:		
Relationship to child, eg mother/father:			
Current Address:			
Already living at this address?	YES*	NO* - Date expected to move to this address:	
Contact number(s):	Contact email:		
Name of Previous School attended:			
Address of Previous School attended:			
Is your child still on roll at this school?	YES*	NO* - Last date attended:	

*\* Please circle*

### For School Use only

Date application received:		Child start date:	
SIF completed:	YES*	NO*	
School place offered:	YES*	NO*	
If no, please provide reasons:			
Right of appeal offered:	YES*	NO*	