



St Thomas Becket Catholic Primary School

Reception 2026 Admission Administration Form

Child's First Name:		
Child's Surname:		
Child's Date of Birth:		Child's Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Child's Home Address:		
Postcode:		
Current nursery / childcare provider attended:		

Name of Parent/Carer 1:		
Phone number:		
Email address:		

Name of Parent/Carer 2:		
Phone number:		
Email address:		

Names & year groups of sibling(s) already at St Thomas Becket Primary School, at the date of admission of the above applicant:	
Name(s):	Year Group(s):

School office only to complete:

Supplementary Evidence:	Date Received	Staff Initial
Certificate of Catholic Practice and Baptism certificate
Baptism Certificate Only
Evidence of membership of other faith
Evidence of enrolment in the catechumenate
Other