



**St Thomas Becket Catholic Primary School**

**Reception 2027 Admission Administration Form**

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

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

<b>Name of Parent/Carer 1:</b>		
<b>Phone number:</b>		
<b>Email address:</b>		

<b>Name of Parent/Carer 2:</b>		
<b>Phone number:</b>		
<b>Email address:</b>		

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

**School office only to complete:**

<b>Supplementary Evidence:</b>	<b>Date Received</b>	<b>Staff Initial</b>
Certificate of Catholic Practice and child's Baptism certificate	.....	.....
Certificate of Catholic Practice only	.....	.....
Child's Baptism Certificate Only	.....	.....
Evidence of membership of other faith	.....	.....
Evidence of enrolment in the catechumenate	.....	.....
Other	.....	.....