

St Catherine's School Application for Admission

(Interviews cannot be arranged until this form has been completed and returned to the school.)

PLEASE WRITE CLEARLY IN CAPITAL LETTERS.

PART ONE

PARTICULARS OF CANDIDATE

1. Name in full SURNAME IN BLOCK CAPITALS _____

2. Date of Birth _____

3. Present School with address in full and date of entry. Please attach copy of last School Report.

4. Proposed year of entry _____ Term Autumn Spring Summer
(please tick)

5. Nationality _____

6. Whether physically fit and able to take part in school games Yes No

NB If "NO" a Medical Certificate should accompany this form.

7. Full name of Father _____

8. Father's Occupation _____

9. Daytime Tel No _____ Evening _____

10. Full name of Mother _____

11. Daytime Tel No _____ Evening _____

12. Mother's Occupation _____

13. Siblings/Schools _____

PART TWO - ETHNIC BACKGROUND

PLEASE INDICATE ETHNIC BACKGROUND OF CANDIDATE BELOW: (please tick)

WHITE MIXED

British White and Black Caribbean

Irish White and Black African

American White and Asian

European Any other mixed background

Any other white background

ASIAN OR ASIAN BRITISH BLACK OR BLACK BRITISH

- Chinese Caribbean
- Japanese African
- Indian Any other black background
- Pakistani Any other ethnic background
- Bangladeshi
- Any other Asian background

PART THREE – RELIGION

PLEASE INDICATE RELIGION OF CANDIDATE BELOW: (please tick)

- Roman Catholic
- Church of England
- Christian Orthodox
- Other Christian (please state) _____
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- Jewish
- Buddhist
- Hindu
- Sikh
- Muslim

PART FOUR - TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN

If my daughter is offered a place at St Catherine’s School and I decide to accept it, it is my intention that she shall remain a pupil at St Catherine’s School until she is 18, subject only to circumstances unforeseen and unavoidable. I enclose a non-refundable registration fee of £100. Registration does not constitute an offer of a place.

Signature of Parent or Guardian _____

Please state relationship _____

Full Address _____

Date _____ Telephone Number _____

Please write covering letter if there are any circumstances that the school needs to be aware of.

Please return this form and registration to:
Mrs Angelita Faulkner - St Catherine’s School,
Cross Deep, Twickenham TW1 4QJ
Telephone: 0203 261 0139
Facsimile: 020 8744 9629