

**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 and note that 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: 020 3261 0139  
Email: [admissions@stcatherineschool.co.uk](mailto:admissions@stcatherineschool.co.uk)



CATHOLIC  
INDEPENDENT  
SCHOOLS'  
CONFERENCE

**gsa**  
SPECIALISTS IN GIRLS' EDUCATION.

**ISA**



**ST. CATHERINE'S SCHOOL**  
TWICKENHAM

# 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 \_\_\_\_\_
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  
NB If "NO" a Medical Certificate should accompany this form Yes  No  (please tick)
7. Full name of Father \_\_\_\_\_
8. Father's Occupation \_\_\_\_\_
9. Daytime Tel No \_\_\_\_\_ Evening \_\_\_\_\_
10. Email Address \_\_\_\_\_
11. Full name of Mother \_\_\_\_\_
12. Mother's Occupation \_\_\_\_\_
13. Daytime Tel No \_\_\_\_\_ Evening \_\_\_\_\_
14. Email Address \_\_\_\_\_
15. Siblings/Schools \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Have you attended a Visitor's Afternoon/Open Evening Yes  No  (please tick)

### PART TWO

(required for census)

#### ETHNIC BACKGROUND

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

##### WHITE

- British
- Irish
- American
- European
- Any other white background

##### MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- 

##### ASIAN OR ASIAN BRITISH

- Chinese
- Japanese
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

##### BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other black background
- Any other mixed background

### PART THREE

(required for census)

#### RELIGION

PLEASE INDICATE RELIGION OF CANDIDATE BELOW: (please tick)

- Roman Catholic
- Church of England
- Other Christian (please specify) \_\_\_\_\_
- Jewish
- Buddhist
- Hindi
- Sikh
- Muslim
- Other (please specify) \_\_\_\_\_
- None