 **ST MARY’S RC HIGH SCHOOL**

 **Lugwardine, Hereford, HR1 4DR**

 **Application for Admission for**

 **christian, non-catholic, children**

 **for September 2018**

*Please complete and return this form to: Mrs B Barton, Admissions, c/o the above address, no later than 31st October 2017*

Questions to be completed by Parent(s)/Guardian(s)

1. Full Name of Child: ......................................................................................... Date of Birth: ........................................
2. Address: .................................................................................................................................................................

…………………………………………………………………………………………… Postcode: ……………………………….

Home Telephone: …………………………………..………. Parent Mobile: …………..……………………………………….

Parent Email: …………………………………………………………………………………………………………………………

1. Denomination: (Please tick one)

|  |  |
| --- | --- |
| Church of England |  |
| Methodist |  |
| Baptist |  |
| Other Christian Denomination |  |

1. Does the student have a sibling who has attended St Mary’s? Yes  No  (Please tick one)
2. Does the student attend one of the 3 Catholic feeder primary

 schools ie. Our Lady’s, St Francis Xavier or St Joseph’s, Ross-on-Wye? Yes  No  (Please tick one)

 Current Primary School: …………………………………………………………………………………………………………

 **If yes to either no. 4 and/or no. 5, please proceed to no. 10. for parent’s signature(s) only.**

1. Name of Church at which applicant worships: ...............................................................................................................
2. Address of Church: ........................................................................................................................................................
3. Name of Minister/Pastor/Church Leader: ......................................................................................................................

***(Please ask the person named to complete the questions for Ministers overleaf.)***

1. Has your child attended voluntary worship\* regularly (at least monthly) over the last 12 months?

Yes  No  (Please tick one)

 Name of parent(s)/guardian(s) *(printed):* .......................................................................................................................

1. Signature(s): ...................................................................................................... Date: ...............................................

 Please feel free to add any further comments relevant to this application: ...................................................................

 ......................................................................................................................................................................................

 Name of Child: ...................................................................................... Date of Birth: ................................

**Questions to be completed by christian minister**

**Not required for students who have or have had siblings at**

**St mary’s or attend one of the catholic feeder primary schools**

1. Name: ............................................................................................................................................................................
2. Address: .........................................................................................................................................................................

 ........................................................................................................................................................................................

 ........................................................................................................................................................................................

1. Name of Church(es) for which you are responsible: ......................................................................................................

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1. Denomination: (Please tick one)

|  |  |
| --- | --- |
| Church of England – *Please go to Question 6* |  |
| Methodist – *Please go to Question 6* |  |
| Baptist – *Please go to Question 6* |  |
| Other Christian Denomination – *Please go to Question 5* |  |

1. Do you and your congregation subscribe to the doctrine of the Trinity?

 Yes  No  (Please tick)

1. How long have you known the child named overleaf? ...................................................................................................

**PLEASE ENSURE THAT QUESTION 7. IS COMPLETED:**

1. Can you confirm that the child applying has attended voluntary worship\* regularly (at least monthly) over

 the last 12 months? Yes  No  (Please tick)

1. Do you support this application for a place at St Mary’s? Yes  No  (Please tick)

Signature: .......................................................................................................... Date: ................................................

Please feel free to add any further comments relevant to this application: .......................................................................

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\* i.e. in addition to participation in school worship and church attendance as part of the uniformed youth associations, gatherings etc.