ST.MICHAEL AND ST.MARTIN CATHOLIC VOLUNTARY AIDED SCHOOL

Please note that the presentation of the Application Form does not imply in any way a promise that a place at the School will be made available

Surname

Forename(s)

Date of Birth Gender

Place in family (e.g. 1/3)

Address Contact Telephone Numbers……
……
...……
.....……

Post Code ……..……

Mother's Surname

Forename Religion

Father's Surname

Forename Religion

Name and Date of Birth of Siblings already attending this school:

Parish presently attending

Parish Priest

Date of Baptism: Day Month Year

Place of Baptism:

Date ……