



St Aloysius' College

APPLICATION FORM

Please complete this form in black pen and block capitals.

STUDENT DETAILS:-

Pupil's LEGAL SURNAME: _____ LEGAL FORENAME: _____

Middle Name: _____ Date of Birth: _____

Pupil's Address: _____

Post code: _____

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CONTACT DETAILS (MOTHER, FATHER, CARERS):-

Primary Contact:- Forename: _____ Surname: _____

Relationship to Pupil: _____

Home Address: _____

Post Code: _____

Home Phone Number: _____ Mobile Number: _____

Work Phone Number: _____ Parental Responsibility: **Yes/No** (please delete as appropriate)

E-mail Address: _____

Siblings/Family: (Please complete any names of brothers/cousins etc attending St Aloysius College)

Surname: _____ Forename: _____

Year/Registration Group: _____ Relationship to Pupil: _____

SPECIAL EDUCATIONAL NEEDS: (Has any special help been given with reading/learning etc.?)

Yes/No (please delete as appropriate)

If yes, please give details, e.g. withdrawal work, support in class, do they have a statement/EHCP.



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ETHNICITY, RELIGION AND MOTHER TONGUE

Ethnicity: _____

Religion: _____ Priest Form Attached: YES/NO (please circle)

Languages Spoken At Home: _____

Is English your Family's First Language: **Yes / No** (please delete as appropriate)

SCHOOL HISTORY:

Previous/Current School: _____

Address of School: _____

Post Code: _____ Date(s) of Attendance: _____

Telephone Number: _____

If new to the Country: Date of arrival: _____

Country of Origin: _____

Reason for moving schools: _____

Form completed by: _____ Date: _____