

## St Austin's Catholic Primary School Riverbank Road Liverpool L19 9DH Tel: 0151 427 1800



www.st-austins.co.uk

## St Austin's - EYFS Application form September 2024

Name of Child:  Address of Child:  Date of Birth of Child:  Parent/Carer name:			
		Parent Contact num	ber:Parent email address:
		Does your child have any brothers or sisters in the school (please provide names and ages)	
			Catholic: Yes □ No □
If yes, please state pa	rish of baptism and date:		
In which Parish do yo	u live now:		
If your child is not a b	aptised Catholic, please state to which denomination or faith, if any, your child belongs (see Note 2)		
Proof of baptism in the	e of Baptism – Catholic e form of a Baptism Certificate is required. If you do not have a Baptism Certificate your Parish Priest will n your child is a baptised Catholic by completing and signing the section below.		
(a) If your child is to b denomination. Proof	of Faith Group membership e considered under the relevant criterion as other than Catholic Christian, please state your Christian of Baptism in the form of a Baptismal Certificate or confirmation in writing by completing the statement ur child is a member of a faith community by an appropriate Minister of Religion is required.		
	faith other than the Christian faith, please state to which faith you belong. An appropriate faith leader in writing by completing the statement below that your child is a member of their faith group.		
Minister of Religion	/ Faith Leader		
	Minister/Leader (print name):		
	Address:		
	Position Held:		
	Signed: Date:		

This form should be completed by the Parent/Carer and returned to the school with a copy of the following documentation:

- Copy of your child's birth certificate \* Copy of your child's baptism certificate
- Proof of permanent residency: (council tax statement, mortgage statement or utility bill)

Parent/Carer signature:

















