



Bellerive FCJ Catholic College

Application Form for Admission September 2025

Details of the child for whom the application is being made:

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| Child's Surname: | |
| Child's Christian Name(s): | |
| Child's Date of Birth: | |
| Child's Full Address & Post Code: | |
| Telephone & Mobile Numbers: | |
| Email Address: | |
| Parish in which the Child lives (Applications from <u>all</u> Catholic parishes are welcome): | |
| Present Primary (or Secondary) School: | |
| Religion of Child: (The word Christian will not be recognised. It is necessary to specify which Christian denomination, ie: Roman Catholic, Methodist, Church of England, etc.) | |
| Church where Child was Baptised: | |
| Date of Baptism: | |
| Church where Child made Holy Communion: | |
| Date of Holy Communion: | |
| Name of Church (or other place of Worship) normally attended by the Child: | |

**THE BAPTISMAL CERTIFICATE SHOULD BE SENT WITH THIS APPLICATION FORM
(Sight of the original will be required)**

I/We have read the School Prospectus and I/We agree to abide by the conditions and School Rules set out therein.

Name(s) of person(s) making this Application :

Applicant 1.
(Print Name) (Signature)

Applicant 2.
(Print Name) (Signature)

Date:

CLOSING DATE – 31st October 2024

Please write anything which you feel would support your application on the reverse of this sheet, giving as much information as possible.

