

ADMISSION FORM
St. Margaret Ward Catholic Primary School
Cherry Lane Sale Cheshire
0161 969 9852

Child's Surname.....

Child's Forenames

Address

..... Post Code

Home Telephone Number

Date of Birth

Date and Place of Baptism

Father's name Contact Number

Mother's Name Contact Number

If you are applying to our school because your child falls in to the criteria, set out in section 'f' of our Admissions Policy, please give details of the relevant medical conditions.

(Please state)

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Names of brothers and sisters who will be in attendance at the school at the time of the proposed admission

*IT IS VITAL THAT YOU INFORM THE SCHOOL IMMEDIATELY IF YOU CHANGE
ADDRESS OR TELEPHONE NUMBER*

Signed (Parent/Guardian) Date.....