

Application Form



Our Lady of Lourdes Catholic Primary School

Telephone: 01454 867160

I/We the Parents/guardians of _____ would like
to apply for a place at Our Lady of Lourdes Catholic Primary School from

_____ (date)

Information on Applicant

Surname _____ Date of Birth _____
(Please provide a copy of Birth certificate)

Christian Name(s) _____ *Male/Female

Home Address _____

_____ Postcode _____

Home Telephone _____ Mobile Number _____

E-mail address _____

Catholic Child YES/NO _____ Date of Baptism _____
(Please provide a copy of Baptism certificate)

Church & Place of Baptism _____

Child Christened YES/NO _____ Date of Christening _____
(Please provide a copy of Christening Certificate or Ministers letter)

Names of Siblings already at O.L.O.L. _____

Signature _____ Parent/Guardian