

ST JOSEPH'S RC HIGH SCHOOL

Headteacher: Mrs J Jarrett BA (Hons), NPQH

APPLICATION FOR ADMISSION

SIXTH FORM



Pencarn Way Newport South Wales NP10 8XH
Telephone: (01633) 653110

**If you need any assistance
in completing this form
please contact the school**



INVESTOR IN PEOPLE

'Serving God Through Learning Together'

SECTION 1 - Personal Details

Student's full name:

(Block Capitals, Surname First)

Please indicate to whom correspondence should be addressed: **Mr & Mrs/Mr/Mrs/Miss/Ms***
(*Delete as applicable)

(A) Parents/Guardians Name & Address:

(B) Father/Mother's Name & Address
(if different from A):


Postcode: _____

Postcode: _____

 Home: _____

 Home: _____

 Work: _____

 Work: _____

Email: _____

Email: _____

Please indicate student's Address (A or B): _____

I wish to apply for my son/daughter to be admitted to St Joseph's R.C. High School, commencing on:

_____ (Proposed date of admission).

SECTION 2 - Information relating to the student

Date of Birth: _____

Date & Place of Baptism: _____

School currently\last attended: _____

Place of worship: _____

Priest/Pastor/Vicar: _____

GENERAL DATA PROTECTION REGULATION

All information on this form and any subsequent information obtained on our management information system regarding learning needs, medical conditions and contact details will be shared if students opt to study a subject at one of our collaboration schools. Please sign if you give your consent to share this information.

Signed by Parent/Carer:

Dated: