

St Albert the Great Catholic Primary School



St Albert the Great Catholic Primary School
"The more I learn about the world in which I live the closer I grow to God"



SUPPLEMENTARY REGISTRATION FORM
FOR RECEPTION (FS2) ENTRY

CHILD'S NAME: _____

DATE OF BIRTH: _____

NAME OF PARENT/S: _____

ADDRESS: _____

Post code _____

TELEPHONE NO: _____

RELIGION: _____

DATE OF BAPTISM: _____

PLACE OF BAPTISM: _____

PLACE OF WORSHIP: _____

PARISH PRIEST: _____

BROTHERS/SISTERS
IN SCHOOL: _____

SIGNATURE OF PARENT/CARER

(Please note that Herts County Council's own Application Form must also be completed and returned to County as per their 'Starting Nursery' information. You should receive this direct from Herts County Council. If you do not receive this, please let us know)

Evidence needs to be presented with this form

For School use:

BAPTISM CERTIFICATE SEEN _____
(obtainable from the Church of Baptism)

BIRTH CERTIFICATE SEEN _____

DATE APPLICATION RECEIVED _____

PRIEST'S REFERENCE RECEIVED _____