



Deanery C.E. Primary School

Academy Status

Fox Hollies Road, Walmley, Sutton Coldfield. B76 2RD
 Tel: 0121 351 6615/6441 Fax: 0121 313 0320
 E-mail – enquiry@deanery.bham.sch.uk
 Head Teacher: Mrs Jayne Lockett

Application for In-Year Admission Form 2020
(in respect of a request for a school place other than September Reception intake)

DETAILS OF CHILD		
Surname:	Forenames:	Other Names:
Date of Birth :	Gender: Male/Female	
Address:		
Postcode:	Contact Tel. No:	
Name(s) of other children already in Deanery CE Primary School		Class:
Name of present/previous School / Nursery / Playgroup:		
Mother's Full Name:	Title:	
Address if different to child:		
Contact details : Work:	Mobile:	email address:
Father's Full Name:	Title:	
Address if different to child:		
Contact details : Work:	Mobile:	email address:
Please indicate if your child is Looked After or Previously Looked After by the Local Authority		
Please indicate if your child has an Education, Health and Care Plan (EHCP)		
<p><i>This part must be completed by your Vicar/Minister – Please complete all sections particularly the date the parents started attending church. *Regular church attendance means "attendance at church worship at least twice a month and for at least two years preceding the date of admission". " In the event that during the period specified for attendance at worship the church has been closed for public worship and has not provided alternative premises for that worship, the requirements of these [admissions] arrangements in relation to attendance will only apply to the period when the church or alternative premises have been available for worship</i></p>		
NAME OF VICAR: NAME OF CHURCH:.....		
DENOMINATION: TEL. No.		
ADDRESS:.....		
Have the parents attended church since September 2019?		
Have parents attended at least twice a month since this date?		
I certify that to the best of my knowledge the information I have supplied is complete and correct.		
SIGNATURE OF VICAR OR MINISTER:.....		DATE:
OFFICE USE ONLY.	Birth Certificate:	Proof of Residency:
Date received in office:	Seen YES/NO	Seen YES/NO

