ST JOHN HENRY NEWMAN CATHOLIC SCHOOL, CARLISLE REQUEST FOR ADMISSION TO SCHOOL

Child's Name:	
Date of birth:	Documentation seen (for school use)
Current school year:	
Home address:	
Post code:	
Telephone number:	
Present school:	
(If not presently at school, p	please explain below)
Name:Name:	(if different from above) Address: (if different from above)
Does your child have Spec	ial Needs? If yes, please give details:
	currently involved with your child? (eg Education Welfare Specialist Teachers) Please give details including contact

Has your child received any fixed-term or permanent exclusions from school? If yes, please give details below:	
Have you ever been contacted by your child's school to discuss his/her behaviour? It yes, please give details:	
Which foreign language does your child currently study at school?	
Does your child speak any language other than English?	
If your child has been educated overseas/has English as an additional language, please give date of your child's arrival in the UK	
Is there any medical information that we should know about your child?	
Why would you like your child to move to Newman Catholic School?	
What are your child's strengths at school?	
What are your child's weaknesses at school?	
What do you hope will happen as a result of your child moving to a new school?	
Are you applying on the basis of faith? YES/NO If yes, which faith?	
Parent's signature:	

THIS PAGE IS TO BE COMPLETED BY THE PUPIL

What do you enjoy at school?
Which subjects do you find easiest?
Which subjects do you find more difficult?
What sports do you enjoy?
Do you play a musical instrument?
What do you do in your free time? (evenings and weekends)
What do you hope you will achieve by changing schools at this time?
Which current Newman pupils do you know? (if any)
Is there anything else you would like to tell us at this stage?
Student's signature:
Date: