



**ST MICHAEL & ALL ANGELS C OF E PRIMARY SCHOOL
BROOKSIDE, REARSBY, LEICESTERSHIRE LE7 4YB**

APPLICATION FOR ADMISSION 2020-2021

Child's Details

Surname	Forenames
Address	
Post Code	Telephone no.
M/F	Date of Birth
Name and Date of Birth of other children in the family	

If you are expressing an interest for a place for your child at St Michael and All Angels, please complete and return this Supplementary Form together with any required evidence to the school office by 31st January 2020

All Applicants please tick the relevant box	Evidence Included	Evidence Required
My child is a 'looked after child' or child who was previously looked after but immediately after being looked after became subject to an adoption, residence, or special guardianship order		Copy of Adoption, Residence or Special Guardianship Order
We live within the catchment area of the school		Details of address as above
My child has brothers or sisters registered as attending the school on the date of admission. This includes half-brothers and sisters or legally adopted children or fostered siblings who are regarded as brothers and sisters		Please provide names
We would like our child to attend St Michael & All Angels		

For our own information please would you indicate if St Michael & All Angels is your first choice of school.	No	Yes
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Signature of Parent(s) **Date**.....

(Please print name)