



**Sankey Valley St James CE Primary School
REGISTER OF INTEREST**

FULL NAME OF CHILD _____

DATE OF BIRTH _____ MALE FEMALE

PARENTS NAMES _____

CURRENT ADDRESS _____

_____ POST CODE _____

TELEPHONE NUMBER _____ MOBILE _____

NEW ADDRESS _____

(IF APPLICABLE) _____

APPROX. DATE OF MOVING _____

PRESENT PRE-SCHOOL /
NURSERY (IF APPLICABLE) _____

USUAL PLACE OF WORSHIP _____

(A letter of support **MUST** be obtained from your Vicar, Priest, Minister etc. In case of difficulty please contact the Vicar of St James)

NAMES OF BROTHERS / SISTERS WHO WILL BE ATTENDING THIS SCHOOL IN THE YEAR OF THIS
ADMISSION _____

ANY MEDICAL, SOCIAL, EDUCATIONAL OR COMPASSIONATE REASONS WHICH YOU WOULD LIKE
THE GOVERNORS TO CONSIDER IN RESPECT OF THIS APPLICATION ?

SIGNED _____ DATE _____

**THIS APPLICATION DOES NOT GUARANTEE YOUR CHILD A PLACE AT THIS SCHOOL. IN THE
EVENT OF OVER SUBSCRIPTION THE GOVERNING BODY SHALL ADMIT CHILDREN ACCORDING
TO THE CRITERIA OF THE SCHOOL ADMISSION POLICY (TO BE FOUND ON THE SCHOOL
WEBSITE).**